Busy Bodies?
An Analysis of Sex Partner Counts of American Teens

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Purpose
To provide a detailed analysis of the number of opposite-sex sex partners reported by American adolescents. Three measures are examined because of their implications for adolescent health and social wellbeing. They are partner count means, variability in partner counts, and gender differences in partner count variability.

Methods
A cross-sectional study using Wave I (1995) of the National Longitudinal Survey of Adolescent Health, a school-based survey of nearly 21,000 adolescents and their parents, which can be weighted to be nationally representative. Virtually all respondents between 12 and 18 years old. Restricting the sample to adolescents reporting only opposite-sex partners yields 10,022 boys and 10,280 girls. Oversampling of minorities allows meaningful inter-group comparisons.

Results and Conclusions
Mirroring recent CDC data on American adults, boys report 80 percent more partners, on average, than do girls. Partner counts are of interest because of their correlation with unintended pregnancies and STI transmission, and because they reveal behavior that may lead to multiple-partner fertility and family complexity. The correlates of individuals' partner counts differ between boys and girls. Variability in partner counts, independent of their mean, may contribute to STI transmission rates. School-level factors that raise variability only among boys are the fraction of African-Americans, college-educated parents, or boys rated "masculine" on the Bem scale. Variability among girls correlates with test scores, and the fractions identifying as Hispanic or having no religion. The degree and direction of the gender asymmetry in variability vary as a function of ethnicity, religiosity, household income, and parental education level.

Keywords: Adolescent behavior/ethnology; Gender identity; Health behavior/ethnology; Health knowledge, attitudes, practice; Risky behavior; Sexual behavior/ethnology; Sexual behavior/statistics and numerical data; Sexual partners; Sexually transmitted diseases/epidemiology; United States/epidemiology

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Introduction

In June 2007, the U.S. Centers for Disease Control (CDC) released a summary of recent data on the sexual behavior of U.S. adults aged 20-59.(1) A widely reported finding was that 29 percent of men reported having had 15 or more female sexual partners in a lifetime, while only nine percent of women reported having had 15 or more male sexual partners. For men, the median number of female partners was seven, 75 percent higher than the median of four male partners reported for women. Not surprisingly, initial coverage by the press dwelt mainly on the impression given by these numbers that men are more promiscuous than women.(2)

Subsequent commentary pointed out that, for the population as a whole, the true average number of heterosexual partners should be the same for men and women,[1] and explored possible explanations of the male-female discrepancy.(3) The preferred explanation was that social norms prompt men to overstate their partner counts and women to understate theirs.

It is worth noting a syllogism in the popular reasoning. The mean number of sexual acts with an opposite-sex partner should indeed be the same for men and for women, but it does not follow that the mean number of lifetime partners need be. To see why the two are not equivalent, imagine ten women and one man living on a desert island (reverse the ratio, if you prefer). If the man partners with all ten women (indeed, if he partners with any of them), the mean number of partners will differ by gender. Any factor that gives rise to an unbalanced sex ratio (such as differential rates of incarceration,

[1] The CDC did not report means, but medians, and medians for men and women can plausibly differ. The differences between men and women in the CDC's published data, however, are too large to be consistent with equal means.

migration, exclusive homosexuality, or sexual abstinence) may cause the mean number of lifetime partners for men and for women to diverge. Nobody would argue, however, that an unbalanced sex ratio fully explains the male-female gap in the CDC data.

As survey results go, the male-female gap in the CDC data is not surprising. That gap has been one of the most robust findings in research on sexual behavior.(4-7) A sizeable literature attempts to explain it. Most studies start from the premise that social norms cause men and women to distort their reports – knowingly or not – in opposite directions, and try to identify the nature of that misreporting. A smaller group of studies focus on sample selection bias as a potential explanation of the gap.

Attempts to explain the gap as the result of deliberate misreporting have met with mixed results. For instance, in one "bogus pipeline" study,[2] men and women alike reported higher numbers of partners in the bogus pipeline condition and the gap changed little.(8) In another such study, however, men reported fewer partners, women reported more, and the gender discrepancy became statistically insignificant.(9) Reweighting or excluding observations on the basis of respondents' rating of their own candor appears to have relatively little effect on the ratio.(10)

Studies focusing on unintentional misreporting have yielded similarly mixed results. For example, accuracy appears to decline with longer recall periods, but for men and women alike. (11, 12) In a longitudinal analysis of recall accuracy, gender was not correlated with inaccuracy; the main correlate was a high propensity for casual sex.(11) In contrast, in a study in which respondents rated their own accuracy (separately from their honesty), high-count men were more likely to give themselves a low accuracy rating than low-count men, whereas high- and low-count women gave themselves similar

[2] "Bogus pipeline" refers to experiments in which the respondent is connected to what looks like a polygraph and believes that deliberate lies can be detected.

accuracy ratings. Perhaps not surprisingly, excluding the respondents with low self-ratings for accuracy eliminated the gender gap in that study.(10) Still another kind of unintentional reporting bias that receives mention is the possibility that men define "sexual" or "partner" more broadly than women. However, the discrepancy has persisted despite the tendency of researchers to ask increasingly precise questions about sexual behavior.(10)

With the advent of computer-assisted self-interview (CASI) techniques, researchers hoped for less divergence between male and female reports about sexual behavior. Comparison of CASI and non-CASI surveys suggest that CASI methods do indeed lead to a lower average number of partners reported by men, primarily because more male respondents—adults as well as adolescents—report zero partners.(13) The overall discrepancy remains large, however, because the difference in male and female means is driven mainly by the upper, not lower, tail of the distribution of partner count. A widely cited finding is that, if one ignores all reports of more than 20 partners, the male/female ratio of partner count falls from 3.2 to 1.2.(14) Although that finding is often cited as evidence that self-reports of sexual behavior are, on the whole, reliable, ignoring the upper tail of the distribution is not a very satisfying approach for researchers particularly interested in all parts of the distribution.

Studies of sample selection suggest that it can explain only a small portion of the gap. Sex workers, for example, are underrepresented in most surveys, but the disparity between men's and women's reports is reduced only slightly when researchers adjust partner counts using what little is known about the fraction of men and of women who engage in commercial sex.(10, 12) The fact that men are, on average, two years older than their partners, while the minimum age threshold in most surveys is the same for

male and for female respondents, is another potential source of selection bias.(15, 16) However, reweighting the sample of men to reflect the age distribution of the women's partners shrinks the discrepancy only modestly.(12) Indeed, for selection bias arising from partners' age differences to fully explain the discrepancy would require that two-thirds of adult men currently have partners under eighteen.(14)

Apart from the question of whether the means can or do differ, the CDC report reopens the interesting question of whether the male and female distributions of partner count have significantly different shapes. While the two distributions may have similar averages, there is little reason to suppose that they also have the same shape. In particular, if the men's true distribution were more right-skewed (that is, if it had a longer right tail and its mass was more concentrated on the left side of the distribution), it would help explain why men are much more likely to report 15 or more partners.

This study has three levels of analysis. The first complements the CDC report on adults by examining the sexual behavior of a large sample of American adolescents. We focus on the total number of heterosexual partners reported by each respondent. Partner counts are of interest because of their correlation with unintended pregnancies and STIs, and because they reveal behavior that may lead to multiple-partner fertility and family complexity. We find that adolescents' self-reported patterns diverge along racial, ethnic, and gender lines in ways that echo the CDC's data on American adults. Using regression analysis, we explore the determinants of partner count, and note some differences between boys and girls.

The second part of this study looks beyond mean partner counts, examining the dispersion in partner counts within different socioeconomic groups. Dispersion in partner counts may contribute to STI transmission rates, independently of the mean.(17-20)

Analyzing the data on boys and girls separately (because their means are so different), we look for correlations between the level of dispersion and a variety of personal and socioeconomic characteristics, and again find differences between boys and girls.

The third step in our analysis is to compare the dispersion in partner count among boys with the dispersion among girls, which provides us with another measure of gender asymmetry in adolescents' sexual behavior. We are interested in this particular asymmetry because it may presage patterns in their formation of relationships as adults and, notably, gender asymmetry in the dispersion of fertility (a measure known as effective polygyny). For the sample as a whole, we find a low degree of asymmetry, that is, the dispersion in partner count among boys is only slightly greater than the dispersion among girls. However, for subgroups defined by ethnicity, religiosity, income, or parental education, we find striking differences not only in the degree but also in the direction of gender asymmetry.

Data

The National Longitudinal Survey of Adolescent Health (henceforth, Add Health) is a school-based survey of nearly 21,000 adolescents and their parents, which can be weighted to be nationally representative. We use Wave I (1995), in which virtually all respondents were between 12 and 18 years old. Adolescents who reported ever having had sex were asked how many sexual partners they had had in their lifetime. Among adolescents reporting any sexual partners, the 4.3 percent of girls and 1.3 percent of boys who report same-sex partners are excluded, leaving a sample of 10,022 boys and 10,280 girls. Add Health's oversampling of minority groups yields samples large enough to allow meaningful inter-group comparisons.

Empirical findings

Average number of partners: Cross-tabulations

Table 2 breaks out, by sociodemographic categories, the average number of partners reported by boys and by girls (along with the coefficient of variation and the number of respondents in each category). To prevent a small number of extreme values from affecting the average values overmuch, we treat all values over the 99th percentile as equal to the 99th percentile (corresponding to a maximum of 27 partners for boys and 14 for girls).

Some patterns reflect mainly the passage of time. It is not surprising, for instance, that the average number of partners is higher for older individuals, or that the younger an individual's age at sexual debut, the higher the reported number of partners.

Grouping adolescents by parental education or household income yields different patterns for boys and girls, a finding consistent with previous studies of adolescent sexual activity and socioeconomic status.(21) The boys reporting the fewest partners are those whose most educated parent has only a high school education; interestingly, that is the category of girls reporting the *most* partners. The correlation between household income and number of partners is negative for boys but zero for girls. Children whose households receive any form of means-tested public assistance report more partners than other children, but the difference is slight for girls.

Comparing adolescents along racial or ethnic lines, we see that African-Americans, boys and girls alike, report the highest number of partners, and Asian-American boys and girls the lowest. Among girls, it is Hispanic girls who report the second-lowest number of partners; among boys, it is non-Hispanic whites.

Looking at family composition, we find that adolescents living with both biological parents report the fewest partners, and those living with neither biological parent the most. Ranking the other family structures would be difficult, as the ordering for boys would differ from that for girls.

The strength of the association between religiosity and number of partners depends on whether one looks at the adolescents' own statements about religion or their parents' statements. Grouping adolescents by their own reports into three categories – those who report having no religion, those who have a religion but do not rate it "very important" to them, and those who do rate it "very important" – we see a strong inverse association. Grouping them instead by their parents' statements about religion, the association disappears for boys and weakens for girls, suggesting that boys are less influenced than girls by parental religiosity.

Finally, we note an interesting pattern, common to boys and girls, with respect to personality traits as reflected by a respondent's Bem score. The premise of the Bem score is that the direction and intensity of the "genderedness" of one's personality can be measured (and need not coincide with one's biological sex) (22). For boys and girls alike, a more "masculine" personality is associated with a higher partner count.[3]

In all but one of the categories in Table 2, boys report more partners than girls. The overall average for boys is 1.8 versus 1.0 for girls, and the gap ranges from zero to 2.8. This male/female gap resembles that found in studies of adults and, in particular, in other studies of adolescents.(13, 21, 23)

[3] The Bem inventory consists of queries about 60 personality traits, each of which is classified as stereotypically feminine, stereotypically masculine, or gender-neutral. Add Health includes 27 of the questions that make up the usual Bem inventory. We rank adolescents by their net score (masculinity score minus femininity score) and label the lower third "feminine," the middle third "androgynous," and the upper third "masculine."

Regression analysis of reported number of partners

Given the interrelatedness of factors such as income, education, ethnicity, family structure, and religiosity, inferences based on cross-tabulations such as those in Table 2 are potentially misleading. We turn next, therefore, to regression analysis, for a more reliable picture. In addition to sociodemographic factors, the regressors include attitudinal, behavioral, and physical characteristics, some of which are ratings by the interviewer. Given the highly right-skewed distribution of the partner count variable, the dependent variable in the OLS regressions reported in Table 3 is the logarithm of *(1 + Number of partners)*.[4] Each coefficient should therefore be interpreted as the approximate percentage change in the number of partners for a unit change in the independent variable.

Some patterns hold for both sexes. For example, the number of partners rises with age, at a decreasing rate. A higher score for juvenile delinquency is associated with more partners, as is being rated "very physically attractive" or "physically mature" for one's age. Compared to non-Hispanic whites, African-American adolescents report more partners. Factors associated with having fewer partners include having one or more parents with a college degree, living with both parents, viewing religion as "very important," having a "very attractive" personality, or being "physically immature" for one's age.

Other patterns differ by sex. For girls, the number of partners rises with household income; for boys, the opposite is true. Being rated "physically unattractive" by the interviewer is associated with a lower number of partners, but only for boys. Interestingly, having an "unattractive personality" (as rated by the interviewer) or scoring

[4] The logarithmic transformation makes the distribution of the count variable much less right-skewed and thus the use of OLS more justifiable. The addition of 1 is necessary because the logarithm of zero is undefined.

"masculine" on the Bem scale corresponds to more partners, but only for boys. Being rated "very physically mature" for one's age or reporting no religion corresponds to having more partners for girls, but not for boys. Among girls, the greater the perception of sex as a risk-laden behavior, the lower the number of partners; among boys, that correlation is much weaker (the point estimate is similar to that for girls, but its standard error is much larger).

Heterogeneity in the reported number of partners

It is not only the average value of partner count that is of interest to analysts and policymakers. The distribution of partner count also has implications for public health, independent of the average. Heterogeneity in the number of partners can help an STI remain endemic even when the average number of partners would seem low enough to prevent that.(17, 20) Analysts usually focus on the right tail of the distribution, that is, on the minority of individuals with unusually high partner counts. The more the partner-count distribution is skewed to the right, the lower the population incidence of an STI that will suffice for an epidemic to occur.(18) The left tail can matter too: counterintuitive though it may seem at first glance, raising the partner count among low-count individuals could lower the population incidence of an STI, by raising the proportion of low-count individuals among the partners of high-count individuals.(19)

Table 2 reports, in addition to the mean, the coefficient of variation (CV) for each subgroup in our sample. [5] The CV varies considerably, from a low of 100 to a high of 1172, but no obvious pattern emerges from Table 2. Thus, we turn again to regression analysis, in an attempt to identify some correlates of heterogeneity in partner count.

[5] The coefficient of variation (CV) is 100 times a variable's standard deviation divided by its mean. We use CV rather than standard deviation because the various subgroups have significantly different means.

A practical challenge is that heterogeneity is a group-level measure, implying that each group constitutes a single observation. To obtain enough observations for a regression analysis, one could simply sort the data into artificial groups. An alternative approach, and the one taken here, is to exploit the school-based nature of the Add Health survey and group adolescents by school. The approximately 10,000 boys and 10,000 girls in the sample are from over 140 schools. Dropping any school with fewer than 18 male and 18 female respondents (about ten percent of the schools represented in the survey) leaves us with 127 observations.

Table 4 reports the results of regressing the school-level coefficient of variation on a set of school-level explanators. (We use the coefficient of variation as our measure of variability because we want the coefficients for boys and girls to be comparable despite the gender gap in mean partner count.) The estimates suggest several disparities between boys and girls. Some school-level factors raise variability among boys but have no significant effect on girls' behavior (such as the proportion of students that are African-American, the fraction of students with a college-educated parent, or the fraction of boys rated "masculine" on the Bem scale). Other factors seem to matter only for girls, such as the average PVT score for girls in the school, the proportion of students who are Hispanic (which both tend to raise variability), and the proportion who report who having no religion (which tends to lower variability). A factor that lowers variability for boys and girls alike is the average age of students in the school, although the effect is larger for girls. Interestingly, average household income did not appear to matter for either group.

A measure of gender asymmetry: Male/female ratio of partner count variability

Another potentially interesting question is whether the variability in partner counts is higher among boys than girls. As mentioned in the introduction, the recent CDC survey of American adults suggest that the distribution of partner count is more right-skewed among men than among women. To see whether a similar pattern holds among adolescents, we report, in Table 5, an index of asymmetry for the sample as a whole as well as for socioeconomic subgroups. The index for each group is computed as the ratio of the CV for boys to the CV for girls.

For the sample as a whole, the index has a value of 1.03. This implies that, in relative terms, the degree of dispersion in number of partners reported by boys is only slightly greater than that reported by girls. The direction as well as the degree of asymmetry varies significantly across subgroups, however. The highest value is for non-Hispanic white adolescents (1.14), a figure implying more dispersion among the boys than the girls. The lowest value is for Native Americans adolescents (0.80), among whom dispersion is greatest among girls.

We note four patterns in Table 5. First, the index appears to be an increasing function of household income. Second, the relationship between the index and parental educational attainment appears to be an inverted U-shape, lowest for the two extremes and highest in the middle. Thus, it is difficult to make a simple statement about the relationship between socioeconomic status and the degree of similarity between boys and girls in sexual behavior. Third, the direction of asymmetry varies markedly by ethnicity. The index is well above one for non-Hispanic white adolescents, close to one for Asian American adolescents, and well below one for African-American, Hispanic, and Native American adolescents. Finally, the index appears to be a decreasing function of religiosity.

Discussion

The patterns discussed above may be of interest to a number of audiences. Public health experts have called for more data about adolescent subpopulations, to allow more informed policy development.(24) The CDC's recent report on STIs among U.S. adolescent girls underlines the importance of thinking about subpopulations. The CDC study found that, overall, 26 percent of adolescent girls have at least one of the four most common STIs. As high as that rate is, the rate among African-American girls is much higher (48 percent) than among the rate among either white or Mexican-American girls (20 percent). The probability of infection also rose rapidly with the number of lifetime partners.(25) Thus policymakers looking for ways to lower STI rates or teen pregnancy rates will naturally be interested in socioeconomic patterns in the average propensity of American teenagers for non-monogamous or serial sexual relationships, and in the nature of variation around that average. The observed differences among subgroups, as well as between boys and girls in general, may be relevant for policy decisions about how best to target interventions aimed at curtailing STIs and teen pregnancy. For example, in our data, boys' perception of sex as risky has no apparent effect on their behavior, whereas girls' fears are correlated with a reduction in their partner count, suggesting that scare tactics directed at boys may be ineffectual.

These patterns may also interest those who study gender roles and gender relations. Some of the observed differences between boys and girls, overall as well as within subgroups, raise interesting questions. How different are the constraints on girls' sexual behavior from those faced by boys? Our data show, for example, that being judged physically unattractive tends to reduce partner count for boys but not for girls. This suggests that it is easier for girls who wish to be promiscuous to be so than it is for

boys.[6] At the same time, if virginity is prized more in girls than in boys, one might expect more clustering of girls at the other extreme, and the more pronounced the double standard, the more such clustering one would expect. Other things equal, the greater the degree of clustering at zero among girls, the lower our index of male/female asymmetry (that is, the greater the relative variability observed for girls). The fact that the index is lowest among African-American, Native American, and Hispanic teenagers may indicate that teenagers from those groups face a more pronounced double standard. There is interest, for example, in how changes in Latino adolescents' cultural norms lead to changes in their sexual behavior.(27) Broadening that inquiry to examine not only averages but also the dispersion in measures of sexual behavior may shed additional light on the question.

Another set of questions concern the extent to which adolescent behavior presages adult behaviors. Those who study the complexity of American families and the effects of family structure on child wellbeing may be interested, for example, in the extent to which patterns in adolescents' sexual behavior foreshadow the situations in which they ultimately conceive and raise children.

Adolescents' average partner count and its variability may both be precursors of reproductive outcomes that have important (but hard-to-measure) consequences for young children. Two such outcomes are multiple-partner fertility and the degree of effective polygyny. Multiple-partner fertility is having biological children by more than one other person. Effective polygyny is the ratio of variation in male fertility to variation in female fertility (analogous to our measure of gender asymmetry). The prevalence of multiple-partner fertility has risen in the United States (28, 29). Because effective

[6] Studies of adults suggest that women can generally find sex partners much more readily than men.(26)

polygyny cannot occur in the absence of multiple-partner fertility, the degree of effective polygyny may also be rising.[7]

Both multiple-partner fertility and effective polygny are potentially important determinants of the level of resources that a society devotes to its children. The connection between MPF and children's welfare is relatively direct. It is well established that, on average, children fare better in households containing both of their parents, and MPF has been found to reduce fathers' investment in individual children (33-35).

The connection between effective polygyny and child well-being is less obvious. High variance in births to individuals simply means some individuals are responsible for a disproportionate share of births. If lifelong monogamy were the rule, variance would be the same for men as for women. Multiple-partner fertility, however, means that variance can differ between the sexes. If variance were significantly higher among men than among women, it could undermine gender equity and investment in children, or, in societies with high degrees of economic inequality, it could have the opposite effect.

There are at least two channels through which effective polygyny can affect gender equity and investment in children. First, the higher the degree of effective polygyny, the lower the likelihood that a child lives with its own father. Co-residence has been shown to be an important factor in fathers' investment in their children, with co-resident children being favored over others.(36-39) Second, the degree of effective polygyny may reflect the proportion of children born to men with a high propensity to

[7] We write "may" because, to our knowledge, no one has measured the degree of effective polygny in the United States (or in any other industrialized country). The concept is used primarily by biologists to study other species and by anthropologists studying narrowly defined ethnic groups in developing countries (30-32).

invest in them. Men vary in both their ability and their desire to provide for their children, and high variance in male fertility means some men get crowded out of fatherhood altogether. If a rise in EP signals a disproportionate increase in paternities by men who contribute little to their children's support, it would be associated with an increased burden on mothers and a reduction in child wellbeing.

Because of its longitudinal nature, Add Health is a valuable survey for exploring these ideas. It would be premature, however, to try to establish how patterns in partner count means and variability are correlated with subsequent patterns in male and female fertility and in family structure. Add Health's respondents are not yet far enough into their child-bearing and child–rearing years. The data used in this study are from the first wave, when respondents were between the ages of 12 and 18. The most recent Add Health data were collected when they were still only 18 to 26 years old. With the passage of a few more years, however, we can begin to assemble some evidence on the links between patterns in adolescent sexual behavior on one hand and subsequent family configurations and child wellbeing on the other.

Table 1
Percentage distribution of opposite-sex sexual partners in a lifetime, by gender

	Number of partners			
	0 or 1	***2 to 6***	***7 to 14***	***15 or more***
Women	25.0	44.3	21.3	9.4
Men	16.6	33.8	20.7	28.9

Source: Tables 7 and 9 of CDC report (op.cit.)

Table 2
Mean and variability of sexual partner count, by sociodemographic characteristics

	Male respondents			*Female respondents*		
	Mean	**CV**	***n***	**Mean**	**CV**	***n***
Whole sample	**1.8**	221	*10,022*	**1.0**	217	*10,280*
Parent's education						
Less than HS	**2.0**	188	*1086*	**0.9**	217	*1164*
High school	**2.0**	213	*2042*	**1.1**	206	*2171*
Some post-high school	**1.9**	219	*2672*	**1.0**	213	*2577*
College degree	**1.5**	254	*1543*	**0.9**	232	*1457*
Graduate/Professional degree	**1.3**	260	*1191*	**0.8**	280	*1270*
Race/Ethnicity						
Non-Hispanic white	**1.4**	246	*5276*	**1.1**	217	*5339*
African-American	**3.2**	166	*2104*	**1.2**	188	*2338*
Hispanic	**1.9**	208	*1711*	**0.8**	237	*1701*
Asian	**0.8**	263	*730*	**0.5**	272	*642*
Native American	**2.3**	194	*92*	**1.1**	239	*80*
Household income						
Bottom quintile	**2.4**	197	*1545*	**1.0**	213	*1618*
Middle quintile	**1.7**	234	*1898*	**1.0**	222	*1796*
Upper quintile	**1.4**	251	*1507*	**1.0**	233	*1507*
Public assistance						
Receiving means-tested aid	**2.4**	197	*1892*	**1.1**	207	*2042*
Not receiving means-tested aid	**1.4**	245	*5111*	**0.9**	234	*5016*
Child lives with						
Mother and father	**1.3**	258	*4431*	**0.7**	258	*4352*
Mother only	**2.4**	192	*2019*	**1.1**	207	*2279*
Mother and stepfather	**2.2**	201	*1388*	**1.4**	181	*1499*
Father and stepmother	**1.6**	240	*324*	**1.6**	189	*234*
Father only	**2.2**	195	*296*	**1.6**	181	*193*
Neither biological parent	**2.9**	172	*848*	**1.6**	173	*942*

Notes: Data from Wave I, Add Health. "Number of partners in lifetime" is topcoded at the 99th percentile (27 partners for boys, 14 for girls). CV (coefficient of variation) is 100 times the ratio of the standard deviation to the mean.

Table 2 (cont'd)
Mean and standard deviation of sexual partner count, by sociodemographic characteristics

	Male respondents			*Female respondents*		
Age at sexual debut*	**Mean**	CV	*n*	**Mean**	CV	*n*
11 and under	**7.1**	100	*379*	**4.3**	84	*60*
12 years old	**5.9**	105	*176*	**4.0**	95	*73*
13 years old	**6.3**	102	*335*	**4.0**	88	*171*
14 years old	**4.8**	103	*475*	**3.6**	90	*439*
15 years old	**4.0**	111	*561*	**3.0**	99	*732*
16 years old	**3.2**	110	*693*	**2.6**	71	*889*
17 years old	**2.6**	124	*626*	**1.8**	91	*740*
18 years old	**2.4**	153	*384*	**1.7**	100	*376*
19 years old	**2.0**	122	*131*	**1.4**	91	*138*
Age at time of interview						
12 years old						
13 years old						
14 years old						
15 years old						
16 years old						
17 years old						
18 years old						
19 years old						
Bem score*						
Feminine	**1.4**	253	*406*	**1.0**	210	*1061*
Androgynous	**1.9**	219	*514*	**1.0**	205	*673*
Masculine	**2.3**	195	*777*	**1.4**	198	*646*
Religiosity						
Religion "very important" (child)	**1.6**	255	*3846*	**0.8**	254	*4640*
Religion not "very important" (child)	**2.0**	216	*6164*	**1.3**	202	*5547*
No religion (child)	**2.4**	208	*1348*	**1.6**	185	*1114*
Religion "very important" (parent)	**1.8**	233	*5493*	**0.9**	234	*5487*
Religion not "very important" (parent)	**1.7**	239	*3037*	**1.1**	218	*3146*
No religion (parent)	**1.8**	229	*484*	**1.2**	216	*570*

Notes: Data from Wave I, Add Health. "Number of partners in lifetime" is topcoded at the 99th percentile (27 partners for boys, 14 for girls). *Means are higher (and variability lower) because these categories exclude individuals who report never having had sex. **Bem scores were recorded in a subsequent wave and for only a subset of our sample.

Table 3
Correlates of "Number of sexual partners" for boys and for girls

	Boys		Girls	
Individual characteristics:	Coefficient	*p-value*	Coefficient	*p-value*
Age (years)	**0.220**	*.000*	**0.205**	*.000*
Age squared /100	**-0.002**	*.000*	**-0.002**	*.000*
African-American	**0.384**	*.000*	**0.046**	*.002*
Hispanic	0.040	*.063*	**-0.165**	*.000*
Asian	**-0.193**	*.000*	**-0.267**	*.000*
Native American	0.114	*.136*	**-0.137**	*.037*
log(Household income)	**-0.022**	*.036*	**0.022**	*.011*
Parent didn't finish high school	-0.025	*.332*	-0.020	*.316*
Parent has college degree	**-0.069**	*.000*	**-0.068**	*.000*
Child lives with mother and father	**-0.093**	*.000*	**-0.131**	*.000*
Child reports having no religion	0.039	*.086*	**0.069**	*.000*
Child reports religion "very important"	**-0.086**	*.000*	**-0.088**	*.000*
Score on juvenile delinquency index (0.0 to 10.0)	**0.090**	*.000*	**0.074**	*.000*
Masculine personality (per Bem score)	**0.110**	*.002*	0.013	*.612*
Physically unattractive (interviewer rating)	**-0.097**	*.002*	-0.011	*.669*
Physically attractive (interviewer rating)	0.011	*.523*	0.024	*.071*
Very physically attractive (interviewer rating)	**0.067**	*.023*	**0.061**	*.001*
Unattractive personality (interviewer rating)	**0.091**	*.006*	0.027	*.363*
Very attractive personality (interviewer rating)	**-0.058**	*.031*	**-0.069**	*.000*
Physically immature for age (interviewer rating)	**-0.080**	*.001*	**-0.043**	*.045*
Physically mature for age (interviewer rating)	**0.035**	*.047*	**0.035**	*.008*
Very physically mature for age (interviewer rating)	0.045	*.130*	**0.092**	*.000*
Perception of sex as risky (low of 4 to high of 20)	-0.003	*.056*	**-0.003**	*.004*
Mean of dependent variable	0.56		0.41	
N	9,874		10,115	
Adjusted R^2	0.23		.25	

Notes: Data from Wave I, Add Health. Table reports OLS regression coefficients. Dependent variable is log(1+number of partners). "Number of partners" topcoded at the 99th percentile (27 for boys, 14 for girls). Constant not reported. Bold font indicates significance at the 5-percent level or higher. "Non-Hispanic White" is the omitted ethnic group. "Average" is the omitted category in each of the interviewer rating variables.

Table 4
Correlates of variability in partner count

	Dependent variable= **School-level CV among boys**		Dependent variable= **School-level CV among girls**	
Student characteristics (at the school level):	Coef	*p-value*	Coef	*p-value*
Fraction with parent with college degree	**227.4**	*.000*	**54.2**	*.412*
Fraction with household income in bottom 20%	2.6	*.971*	-30.3	*.667*
Fraction living with father and mother	30.5	*.733*	-16.8	*.852*
Average age (years)	**-45.7**	*.000*	**-67.6**	*.000*
Fraction African-American	**-114.3**	*.006*	-7.7	*.850*
Fraction Hispanic	24.2	*.593*	**148.5**	*.001*
Average score on juvenile delinquency scale	-2.6	*.092*	-2.5	*.108*
Fraction of boys rated "masculine" on BEM scale	**462.7**	*.020*	42.1	*.831*
Fraction reporting no religion	-32.0	*.693*	**-170.6**	*.037*
Boys' average PVT score (percentile)	2.4	*.348*	-3.4	*.189*
Girls' average PVT score (percentile)	-4.8	*.063*	**6.8**	*.010*
Mean of dependent variable	187.0		213.5	
N	127		127	
Adjusted R-square	0.58		0.68	

Notes: Data from Wave I, Add Health. Table reports OLS coefficients. Coefficient of variation (CV) is calculated, by school and by gender, for a log transformation of the number of partners. Constant not reported. Bold font indicates significance at the 5-percent level or higher. Omitted ethnic category=Non-Hispanic white.

Table 5
Male/female asymmetry in partner count variability

Whole sample	1.03
Household income	
Bottom quintile	0.93
Middle quintile	1.06
Upper quintile	1.10
Race/Ethnicity	
Non-Hispanic white	1.14
African-American	0.90
Hispanic	0.90
Asian Americans	0.97
Native American	0.80
Parent education	
Less than high school	0.97
High school or more (but no college degree)	1.04
College degree	1.11
Graduate or professional degree	0.92
Religiosity	
Child reports having no religion	1.13
Child rates religion less than "very important"	1.07
Child rates religion "very important"	1.00

Note: Data from Wave I, Add Health. The index of asymmetry is the ratio of the coefficient of variation for boys in the reported number of sexual partners to the coefficient of variation for girls.

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