scoring pattern.

Education was positively related to the likelihood of a male-dominant scoring pattern and was negatively related to the likelihood of a female-dominant scoring pattern. For example, men with 16 years of education were much less likely than men with eight years of education to have a female-dominant scoring pattern (.02 vs. .17). Additionally, men in the category of “other or no religion” had the lowest probability (.28) to display a female-dominant pattern. For decisions about sex, *p < .01; for decisions about contraception, †=p < .05 and ‡=p < .01.

Responsibilities for Children

Table 3 presents the results of the binomial logit analysis of men’s beliefs regarding responsibility for the children they father. Hispanic origin was significantly and positively associated with the belief that both sexes have an equal responsibility for their children (p < .01). Men with Hispanic partners, however, had a lower probability of strongly agreeing with the statement about equal responsibility than those whose partners were not Hispanic (.73 compared with .87, p < .01).

Men who were previously married were more likely than other men to strongly agree that both sexes have equal responsibility for their children (94 vs. .87, p < .05). In contrast, men with previously married partners were less likely to have a strong level of agreement (82 vs. .87, p < .05). No other characteristic of either the man or his partner had a significant impact on this belief.

Discussion

Most men perceive a couple’s decision-making regarding sexual behavior and contraception as an egalitarian process. Sixty-one percent of men currently in a heterosexual relationship view decisions about sex as a shared responsibility and 78% view decisions about contraception in this way. Moreover, men are highly likely to perceive that the responsibility for children is a shared effort: Nearly 90% of men strongly endorse such a belief.

Among men who are not egalitarian in their views, decisions about sex are likely to be perceived as a woman’s domain, whereas decisions about contraception are likely to be perceived as a man’s responsibility. Men with nonegalitarian perceptions are three times as likely to have a female-dominant orientation towards sexual decisions as to express a male-dominant one, but they are twice as likely to register a male-dominant orientation toward contraceptive responsibility as to have a female-dominant view.

Race, while unrelated to the perception of either male dominance or female dominance in the sexual decision-making process, significantly increased the likelihood of a female-dominant scoring pattern, while having an older partner decreased the likelihood of a female-dominant scoring pattern. Thus, a man with a 40-year-old partner was only about one-fourth as likely as a man with a 20-year-old partner (.03 compared with .12) to display a female-dominant scoring pattern. Partner’s age was also positively related to egalitarian scoring. Partner’s education, in contrast, was positively associated with a female-dominant scoring pattern among respondents and negatively associated with a male-dominant scoring pattern.