process, is significantly related to perceptions of relative responsibility for contraception. Black men are more likely than men of other races to view the decision to practice contraception as a woman’s responsibility and less likely to view it as a man’s responsibility. In comparison, men of Hispanic origin are more likely than non-Hispanics to perceive men as dominant in sexual decision-making and are also more likely than non-Hispanics to indicate that men and women have an equal responsibility regarding contraception. Being black has no significant effect on the level of agreement that both sexes share responsibilities for their children, whereas Hispanic origin is related to stronger agreement in this area. Having a Hispanic partner has no impact on a man’s perception of who makes decisions about sex, but it is associated with a perception that women bear a greater responsibility for the decision to use contraceptives and with lower levels of agreement that men and women have the same responsibilities for their children.

Age is unrelated to perceptions of male or female dominance in sexual decision-making. However, older men are more likely than younger men to view women as governing contraceptive decision-making. Men with older partners, in contrast, are less likely than those with younger partners to view women as controlling these decisions. This may reflect a shift by women, as they age, away from the use of oral contraceptives and toward either coitus-dependent methods or male sterilization.19

A man who has been previously married is more likely than other men to have egalitarian views about the responsibilities of parenthood. However, if a man’s partner has been previously married, he is less likely to hold these views. This may reflect perceived differences between men and women in the kinds of experiences they have in dealing with former spouses who are the parents of their children or differences in their expectations about these experiences. Such expectations may be more salient for men who have already experienced a marital dissolution. Previously married men are also more likely to feel that there is joint responsibility in contraceptive decision-making, a relationship that may reflect prior cooperative involvement in such decisions.

Cohabiting men are less likely than their married or noncohabiting peers to view either men or women as primarily responsible for sexual decision-making. This is consistent with research indicating that those in cohabiting relationships have a less traditional sexual ideology, and that cohabiting women initiate sex more often than women in marital relationships.20 Cohabiting men are also more likely to indicate perceived gender equality in the responsibility for contraceptive use. Unmarried, noncohabiting men, in contrast, are more likely than men in coresidential unions to indicate male dominance in contraceptive decision-making, a pattern that may reflect the greater use of condoms for disease prevention among such men.

A man’s educational attainment is positively associated with his perceptions of dominance in decisions regarding both sex and contraception. Men whose partners are highly educated, however, are more likely to perceive that decisions about sex are egalitarian, and they are also more likely to perceive that women have greater responsibility in contraceptive decision-making. These findings are consistent with a relative power hypothesis that suggests that the higher the status of the man, the more likely he is to view himself as the dominant decision-maker, while the higher the status of his partner, the more likely he is to adopt a view of her as either an equal or as the dominant decision-maker.21

Conservative Protestants are the most likely to perceive men and women as egalitarian and the least likely to adopt a female-oriented view concerning whether a couple will have sex. This is consistent with a conservative view of gender roles and of the family, a view that increasingly accepts sexuality as a positive, mutual aspect of a marital relationship, yet still tends to favor patriarchal authority.22 That men who are affiliated with a Christian denomination are more likely than non-Christians and those with no religious affiliation to adopt a male-dominant orientation toward contraceptive decisions may derive from proscriptions against abortion that lead such men to take greater responsibility over contraceptive decisions, to insure that an unintended pregnancy does not occur.23

Men who do not know their partner’s religious affiliation are very likely to perceive that contraceptive use is a male responsibility. Not knowing the religious affiliation of one’s partner may be an indicator of poor communication in the relationship, which also reduces the likelihood of joint decision-making.

Several issues should be kept in mind when interpreting the results presented here. The data are based on perceptions about the behaviors and responsibilities of men and women in general; men’s responses therefore reflect ideology more than actual behaviors or the true division of responsibilities in their own relationships. Thus, while about 30% of the men in our sample indicated that the woman generally decides whether or not a couple will have sex, it cannot be assumed that the partners of these men actually exert greater decision-making power regarding sex. Similarly, although a very high proportion of men indicated that men and women have equal responsibility for decisions