male partner held a more traditional rather than less traditional gender role ideology (0.34 vs. 0.07).

The associations between two other characteristics and anal sex were conditioned by the male's power in the relationship. Males with more power than other males, as assessed by education level, had a lower probability of anal sex if they perceived women's chance of acquiring AIDS from an infected partner to be 75% rather than 25%. Furthermore, although male partners who had known someone with AIDS were less likely than those who had not to report anal sex, the difference in probabilities was much larger among males with high income (0.15 vs. 0.26) than among those with low income (0.20 vs. 0.23).

In analyses including partners' beliefs about level of control over sex and contraception, the probability that a couple had had anal sex in the prior four weeks was again not associated with relationship duration, female partner's age or her race and ethnicity (Table 3). It remained associated with the education level of the male's father and was marginally associated with the female's perceived risk of AIDS. In addition, male's education was inversely related to the probability of reporting anal sex (0.23 for 12 years and 0.16 for 16 years). Furthermore, a couple's probability of having had anal sex was higher with the female's increased lifetime number of sex partners (0.18 for one partner and 0.20 for 10 partners), suggesting that prior risk-taking is related to subsequent risk-taking.

The probability of anal sex was greater if the female believed that her partner made the decisions about sex and contraception than if she believed that she made them (0.26 vs. 0.14). However, the data suggest that the female's perceived control over sex conditions the relationship between perceived severity of AIDS and anal sex. Among women who reported low control over sex, the probability of anal sex was similar regardless of their perception of AIDS severity (0.22–0.24), but among women who reported high control over sex, the probability of anal sex was inversely related to their perceptions of the severe consequences of acquiring AIDS (0.29–0.16). The male's perception of control over sex also seems to be important. A couple's probability of anal sex was similar if the male partner reported low control over sex—regardless of his high or low perceived risk of AIDS—and if he reported high control over sex but a high perceived risk of AIDS (0.23–0.27). However, if a male partner reported high control and a low perceived risk of AIDS, the couple had a much greater probability of anal sex (0.45).

**STD Protective Behaviors**

The probability that a couple had decided to take measures to protect themselves from STDs in the prior four weeks was not significantly associated with relationship duration or female partner's age (Table 4, page 80). Compared with women who had had one sexual partner, those who had had 10 had a greater probability of reporting that they and their partners had decided to engage in less risky sex practices (0.07 vs. 0.06) and a lower probability of saying that they had done nothing to protect themselves (0.63 vs. 0.64). Increased male partner's education and income were associated with greater probabilities of having done nothing to prevent STDs and lower probabilities of having decided to engage in less risky sex practices.