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RETHINKING POWER IN INTERPERSONAL RELATIONSHIPS: THE DEVELOPMENT OF THE POWER SCALE AND A TEST OF A MODEL

by

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A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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Abstract

RETHINKING POWER IN INTERPERSONAL RELATIONSHIPS: THE DEVELOPMENT OF THE POWER SCALE AND A TEST OF A MODEL

by

Bozena T. Mazurek

Advisor: Professor Vita Rabinowitz

The current study focuses on the role of power in intimate heterosexual relationships. A sample of 166 young, urban, heterosexual college women from four colleges volunteered to participate in this questionnaire study. A new instrument to assess power in close relationships was constructed. The study examined relationships between the amount of power, as measured by the Power Scale, attitudes toward condoms, gender roles, power strategies and condom use. A model was proposed to describe those relationships. Falbo and Peplau's (1980) two-dimensional model of power strategies provided the initial framework for examining the influence strategies used to negotiate condom use. The current study did not find support for Falbo and Peplau's model of direct/indirect and bilateral/unilateral strategy categories. Instead, two independent categories of strategies emerged. The new categories were labeled Interactive and Autonomous categories.

It was hypothesized that amount of power, attitudes toward condoms, and masculine and feminine gender roles are predictive of condom use. It was also hypothesized that women's use of power strategies mediates the relationship between the amount of power and condom use and the relationship between gender roles and condom use. The present study did not find support for the mediational model. Interpersonal

power was examined from two perspectives: the societal perspective which defines power as the ability of one person to influence another person or to exert control over that person i.e., "power-over" and the feminist perspective which defines power as control over one's own behaviors i.e., empowerment or "power-to" (Yoder and Kahn, 1992).

A new measure of power was developed and consisted of two scales: the Power-over Scale and the Power-to Scale. This measure was a reliable predictor of condom use. While power-over was a negative predictor of condom use, a positive association was found between power-to and condom use. Although power-to predicted condom use only marginally, it showed possibilities for future examination of the association between those two variables. The Power Scale in its entirety was a predictor of the Autonomous influence strategies that women use to negotiate condoms. Women who received high scores on the Power-over Scale were most likely to use the Autonomous power strategies, while women who scored high on the Power-to Scale, tended to use all available strategies, i.e., Autonomous and Interactive strategies.

There was a positive association between attitudes toward condoms and condom use. The relationship between gender roles and condom use was complex and more difficult to interpret. A positive association was found between masculinity and the overall amount of power. Power-to was also related to masculinity. When gender roles and attitudes toward condoms were examined, the participants high in masculinity held the most positive attitudes toward condoms.

These findings suggest that power is an important variable in interpersonal relationships and can predict important outcomes in women's lives. Women in this sample reported experiencing both kinds of power, but it was the power-to that predicted

successful negotiation of goals. These findings as well as other related issues are the topic of this dissertation.

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"I have just dropped into the very place I have been seeking, but in everything it exceeds all my dreams." Isabella Bird.

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Introduction

Recent evidence suggests that heterosexual transmission accounts for the largest proportionate increase in AIDS cases today. Slow and steady change in the demographics of AIDS has been taking place with women, Blacks and Hispanics as the fastest growing segments of the population affected by the HIV virus. Current trends show continued growth of the number of women with HIV and AIDS. This is especially true for young heterosexual women, who currently account for 19% of all AIDS cases in the United States (Wortley & Fleming, 1997). From 1981 to 1993 the incidence of women diagnosed with HIV increased 151 percent. Minority women were disproportionately represented among women with AIDS. The number of women with AIDS doubles every one to two years. Currently, Black women and women living in metropolitan areas are most at risk for HIV infection. The greatest increase in rates from 1991 to 1995 was in the Northeast and the South regions of the United States, with states such as Florida, New York and New Jersey reporting the highest proportions of AIDS cases associated with heterosexual contact (HIV AIDS Surveillance Report, Sept. 25, 1997).

Efforts to stop the spread of AIDS have focused on disseminating information about the means of HIV transmission. Despite these efforts safe sex is not practiced regularly by young heterosexual couples and condom use remains relatively low. Since women have traditionally been held responsible for contraceptive decisions and for protecting their partners from sexually transmitted diseases, they are expected to do the same when HIV is concerned. This places

women in a difficult position because of power imbalance in interpersonal relationships. Traditionally men hold more power in interpersonal relationships and may easily refuse to practice safe sex. Power imbalances in intimate heterosexual relationships, an understudied area in psychological research, need to be examined to better understand why AIDS education has made such small gains in changing sexual behavior among young heterosexual men and women. Literature concerning HIV and AIDS, gender roles, and power in heterosexual relationships and its relation to condom use will be reviewed.

AIDS: General Statistics

Recent evidence suggests that heterosexual transmission accounts for the largest proportionate increase in AIDS cases. Approximately 250 cases of AIDS were diagnosed in the US in 1982, by 1993 nearly 300,000 cases had been diagnosed (Centers for Disease Control & Public Health Service, 1993). In November of 1993 CDC "Morbidity and Mortality Weekly" reported that during 1992, an estimated 33,590 US residents died from HIV infection, and that of these 2 percent were 25 or younger, 73 percent were aged 25-44 and 25 percent were 45 years and older. By 1992 AIDS has become the eighth leading cause of death in the United States, the second leading cause of death among American males between the ages 18 and 44, and the sixth leading cause of death among women in this age group (Morbidity and Mortality Weekly, January 25, 1991). While the proportion of AIDS cases among gay males steadily decreased over the past few years (66.5 percent in 1985 and 46.6 percent in 1993), the opposite has been

observed for heterosexually-transmitted AIDS (1.91 percent in 1985 and 9 percent in 1993) (AIDS Weekly Surveillance Report, July 4, 1993).

In 1993, the case definition of AIDS was changed to count people earlier than before in the course of HIV infection. This resulted in an artificial increase of AIDS cases during that time, but a statistical adjustment has since been applied. By the end of 1995 67,400 women had been diagnosed with AIDS, and by the end of 1997 the number increased to 92,242 (HIV AIDS Surveillance Report, Sept.25, 1997). Although morbidity and mortality data shows significant declines in the rates of most leading causes of death, such as heart diseases, some forms of cancer and accidents, the number of death attributed to heterosexually transmitted AIDS among women continues to increase. This is especially true of women between ages 25 and 44 years old. While women aged 15 to 24 years old accounted for 7% of AIDS cases diagnosed in 1995, women aged 25 to 44 years old accounted for 77% (Wortley & Fleming, 1997). Heterosexual contact is currently the predominant mode of exposure to HIV for women, "annual AIDS incidence slowed markedly after 1992 in women infected through IDU...however, this pattern was not seen in heterosexually infected women in whom incidence continues to increase in all cohorts. The sharp increase since 1991 in heterosexually infected women born between 1970 and 1974 is striking" (Wortley & Fleming, 1997, p.5). Although heterosexual transmission still accounts for only 10 percent of the total number of reported cases, one has to be alarmed by the slow and steady change in the demographics of the AIDS epidemic. The once clear distinction between those who were at risk (homosexual males, IV drug users and

hemophiliacs) and the rest of the population, who did not belong to these isolated and stigmatized groups, has become less clear. Heterosexuals can no longer dismiss the effects that the HIV virus has on the entire population. Since the first diagnosis of AIDS cases the AIDS epidemic has become relevant to many of us.

Heterosexual transmission is on the rise and women, Blacks and Hispanics are the fastest growing segments of the population effected by the HIV virus. Several major urban hospitals in NY report that more than 5% of women of the reproductive age are infected with HIV (Mager & Carpenter, 1992). In New York State, New Jersey and Connecticut women account for 14% to 23% of persons with AIDS. In New York City, AIDS is now the leading cause of death among women ages 20 to 40 (Ickovics & Rodin, 1992). The number of women diagnosed with AIDS in the US continues to climb steadily.

Although women with AIDS constitute a diverse group, the majority are Black (57%), 20% are Hispanic and 22% are White (HIVAIDS Surveillance Report, Sept. 25, 1997). Minority women are disproportionately represented among women with AIDS. The most striking evidence of this over-representation is that in New York and in New Jersey in 1987 AIDS was the leading cause of death among Black women of reproductive age (Ickovics & Rodin, 1990). The number of women with AIDS doubles every one to two years. The disproportionate numbers of Black and Hispanic women with AIDS remain a constant. The prevalence of AIDS among Blacks and Hispanics is also evident in the following statistic: "Of those cases in which race was known Blacks accounted for 26 percent in spite of the fact that they represent only 12 percent of the US

population. Likewise, Latinos accounted for 13 percent of AIDS cases, but comprised only 6 percent of the population. These statistics strongly suggest that being Black or Latino is a high risk factor for HIV transmission" (Wyatt, 1991). The incidence of AIDS among Hispanics differs however depending on their national origin. For example, while Hispanics born in Puerto Rico have a high incidence of AIDS cases, among those born in Mexico the incidence of AIDS is similar to non-Hispanic Whites (Ickovics & Rodin, 1992; Wortley & Fleming, 1997). The data presented here suggests that minorities and women are significantly more likely than Whites and men to contract HIV through heterosexual activity. If the pattern of infection continues, many young women will become infected with HIV as they become sexually active.

Behavior change is the only effective and viable option available at this time to prevent the spread of sexually transmitted HIV. Such changes are complex and it is difficult to implement them. Since the initial outbreak of AIDS, scientists believed that informing people about how HIV is transmitted would influence their decision-making processes and their behavior. Although changes in sexual behavior in response to acquired immunodeficiency syndrome were eventually adopted by the population most affected by the virus -- gay men -- the heterosexual transmission continues to rise (Stall, Coates, & Hoff, 1988).

In 1988 The National Center for Health Statistics (NCHS) conducted a national survey of Family Growth, and 8,450 women age 15 to 44 were interviewed between January and August of 1988 (CDC, May 14, 1991). Included in the interviews were questions concerning participants' knowledge about HIV

transmission, changes in sexual behavior to avoid infection and woman's' own estimates of their chances of becoming infected with HIV. Thirty one percent of sexually active unmarried women claimed they had made at least one change in their behavior since hearing about AIDS. The following changes were reported: reduced number of sexual partners to one man (16%), stopped having sexual intercourse entirely (6%), reduced frequency of intercourse (9%), stopped having intercourse with men they did not know well (12%) and stopped engaging in other than heterosexual intercourse, or stopped engaging in heterosexual intercourse with bisexual men or men who used intravenous drugs (less than 2%). The following misconceptions about means of transmission of HIV were most prevalent: AIDS can not be spread via sharing hypodermic needles (10%), AIDS can not be spread via homosexual intercourse (7%), HIV can not be transmitted by someone who has the HIV virus but does not have the disease (29%). The importance of this statistic is significant, considering that 29% of the respondents represented about 8 million of single women, age 15 to 44. Large differences by race and ethnic background were noted: 25% of non-Hispanic White women reported these misconceptions, compared with 38% of non-Hispanic Black women and 44% of Hispanic women. In response to question: "What would you say are the changes that you could get AIDS?", 41% claimed they had "no chance at all" of contracting AIDS, 40% responded they had "not much chance", 17% said they had "some chance" and 2% said they had "strong or very strong" chance of contracting AIDS. Non-Hispanic Black women were somewhat more likely than non-Hispanic White women to report that they had "no chance of contracting

AIDS" (44% compared with 39%). This perception is contrary to the evidence that Black women are more likely to become infected with HIV than White women (Amaro, 1988; Shayne & Kaplan, 1991; Rodin & Ickovics, 1990; Mays & Cochran, 1988, Wortley & Fleming, 1997). Prevention programs including information on condom use must reach young women prior to their sexual initiation.

Women and Condom Use

Condom use, barring abstinence, is the most effective protection from sexually transmitted HIV. A great deal of information concerning condom use has been directed at all segments of the population. Since recent statistics suggest that an increasingly higher percentage of AIDS cases reported now involve women, women have become targets of educational programs on condom use (Wyatt, 1994). Women have been encouraged to carry their own condoms and to persuade their partners to use them every time they have sex. Studies show that women now purchase a significant number of condoms. Keizer Bell (1989) reported that women constitute up to 70% of the condom-buying market. "Women have increasingly been made responsible for ensuring condom use because they are the fastest growing group at risk for HIV infection" (Wyatt, 1994; p.752).

Despite efforts to disseminate information to sexually active young people and to encourage condom use, most fail to use condoms consistently (Campbell, Peplau & Chapman De Bro, 1992; Catania, Coates, Peterson et al, 1993). Baldwin & Baldwin (1988) found that only 13 percent of their sample (sexually

active college students) reported always using a condom during vaginal intercourse, while 66.5 percent reported never using a condom. Caroll, Davis, Halterman & Stickle (1993) assessed the frequency of condom use among 330 college students and found that although 80.3% of their sample reported engaging in sexual intercourse since arriving at college, only 20.3% reported using condoms every time they had sex. 34.2% of this sample reported two or more sexual partners since their arrival at college. Survey studies yielded similar findings. Catania, Coates, Stall et al. (1992) conducted a national survey of HIV-related risk factors among the general heterosexual population. Data were obtained from 10,630 respondents. "Between 15 and 31% of heterosexuals nationally and 20 and 41% in the cities with a high prevalence of AIDS, reported an HIV risk factor. Condom use was relatively low. Only 17% of those with multiple sexual partners (respondents who reported 2 or more sexual partners in the 12 months prior to the survey were categorized as having multiple-sexual partners), 12.6 percent of those with risky sexual partners, and 10.8 percent of untested transfusion recipients used condoms all the time" (p.1101). Geringer, Marks, Allen and Armstrong (1993) conducted a survey of 925 adolescent and adult residents in a high-risk urban area of Philadelphia. These authors found that only one third of their respondents used condoms consistently, one third used them some of the time and one third never used condoms. Respondents were asked to report their condom use in the four weeks prior to the survey. In this study women were more likely than men to identify themselves as responsible for condom-use decisions, but were less likely than men to use a condom with a new partner. In yet another study Catania,

Coates, Petterson, et al. (1993) examined changes in condom use over one-year period. Data were collected among heterosexual Whites, Blacks and Hispanics, aged 20 to 45. The study was conducted during 1988-89 to 1989-90 period. Catania et al. found that their sample made minimal changes in the direction of consistent condom use (41 percent) when data collected at Waves I & II was compared. While Blacks, people without a primary partner and those who never married were more likely to use a condom at Wave II, Hispanic women were least likely to use a condom and least likely to increase frequency of condom-use over time. More recent studies show that young women, the group most at risk for HIV infection, were less likely to use condoms with partners who were older than they were (Wortley & Fleming, 1997).

These and other studies show that young heterosexuals have been slow in adopting condoms as an effective means of preventing the spread of heterosexually-transmitted HIV. Although there seems to be an overall more positive perception of condoms (Catania et al., 1993), many heterosexuals still find it difficult to consistently use condoms to safeguard their health. "Heterosexual couples often do not use condoms even when one partner is infected with the virus that causes AIDS" (The New York Times, August 11, 1994). Among the possible barriers to adopting condoms are: a relatively low prevalence of HIV in the heterosexual community, perceptions of personal susceptibility to HIV infection, risk-taking, attitudes toward condoms, adopting traditional sexual roles and issues surrounding sexual communication including power issues. These will be discussed in turn. The relationship between condom use and a number of related

variables, i.e., attitudes toward condoms, gender roles, amount of power and power strategies constitutes the bases for the present study.

Relatively Low Prevalence of HIV in Heterosexual Community

For many heterosexuals AIDS is still a disease of homosexual males and IV drug users. The spread of AIDS among heterosexuals, is however a serious concern. Adolescents and young adults are more sexually active than people in other age groups and frequently have multiple sexual partners. Most adolescents and college students do not consistently use any form of protection from sexually transmitted diseases (STDs) or from HIV. This is especially true the first time they engage in sexual behavior (Hatcher & Hughes, 1988). Baldwin & Baldwin (1988) found that two-thirds of their college students sample, when asked to report on their sexual behavior during preceding 3 months, never used a condom during vaginal intercourse. Taking precautions is especially important for women since male-to-female transmission is 12 times more likely than female-to-male transmission (Ickovics & Rodin, 1992). The rates of heterosexually transmitted HIV continue to increase for women and many adolescent and college-age women will become infected. Catania et al. (1992) argues that "...it would be unwise, from a standpoint of disease prevention, to dismiss the high prevalence of HIV risk factors among the general heterosexual population. Heterosexuals should not wait until HIV infection rates increase dramatically before they take preventive action" (p.1104).

Risk-taking Behaviors or Perceptions of Personal Susceptibility to Harm

People often fail to adopt precautions and tend to minimize their chances of personal harm. Studies of risk-taking behaviors and perceptions surrounding risk-taking show that people routinely underestimate their risk and susceptibility to harm (Weinstein, 1980, 1982, 1984, 1987). Studies of a wide range of health and safety issues, such as pneumonia, lung cancer, ulcer, heart attack, homicide, etc., or other negative life events show that optimistic bias is the norm. Unrealistic optimism may encourage people to engage in unprotected sexual intercourse. The possibility of contracting AIDS is perceived by many as low, even if the general knowledge about HIV transmission is adequate. Studies show that about 13 percent of the general population appears to engage in some risky sexual behavior (Smith, 1990; 1991). For example, although Black and Latina women are at high risk for contracting HIV through heterosexual intercourse, they frequently fail to consider their personal risk to be substantial (Guinan & Hardy, 1987; Mays & Cochran, 1988). Cultural norms, stereotyped beliefs or the amount of control these women have in their sexual relationships, all contribute to engaging in risky behaviors. The use of alcohol and drugs is also related to risky sexual behavior (Leigh, 1990a; Leigh & Stall, 1993). In Miller and Bettencourt's (1989) study, undergraduate students generated a list of obstacles to having safe sex. Among those obstacles were: being in the heat of the moment, talking about safe sex, buying and presenting a condom, perceptions that condoms are not romantic and pressure to have sex without a condom. Cochran and Peplau (1991) examined the variables predicting self-reported risk reduction behaviors among sexually-active

heterosexual men and women, and found that worry about acquiring a sexually-transmitted disease, was related to a reduction in risky behaviors. Regardless of gender, those people who worried most about STDs were most likely to report engaging in safer sexual practices. Heterosexuals need to stop minimizing their vulnerability to AIDS, and to stop engaging in risky sexual behaviors in order to decrease their chances of contracting AIDS through intimate heterosexual contact.

Attitudes Toward Condoms

Attitudes toward condoms are related to condom use. Campbell, Peplau & De Bro (1992) found that college students with more positive attitudes toward condoms were more likely to use condoms in their past relationships and intended to continue using them in the future, compared to those with more negative attitudes. Other studies found similar results (Catania et al., 1989; Herbert, Bernard, de Man, & Farrar, 1989; Pleck et al., 1990,1991). Campbell et al. (1992) found that women generally held more positive attitudes toward condoms than men and that women found condoms more comfortable and convenient than men did. In addition, men were more likely than women to believe that condoms reduce sexual pleasure. Men were also more concerned that condom use could create embarrassing or negative interpersonal exchanges.

Gender Roles

Gender roles play an important part in heterosexual relationships. There is a wide spread perception that men are the initiators of sexual relations and women are the restrictors. Traditional sexual roles dictate that men initiate and pursue

women in romantic and sexual relationships (Kaats & Davis, 1970; McCormick, 1979; O'Sulivan & Byers, 1993). Women's role is to appear hesitant and coy and allow men to dictate the pace of the relationship. Kaats & Davis (1970) found that although the attitudes toward sex held by college students steadily become more liberal, a double standard continued to exist for both men and women. In this study, the majority of the male sample (67 percent) believed that a permissive behavior was appropriate for males but not for females. The more intimate the activity, the more pronounced the double standard. Interestingly, most women in this study held the double standard as well and believed in a different acceptable sexual behavior for men and for women. Furthermore, women were more likely than men to perceive that engaging in a sexual intercourse, would be disapproved by all groups. McCormick (1979) examined the use of ten strategies for having and avoiding sexual intercourse and found that both male and female college students viewed strategies for having sex as used predominately by males and strategies for avoiding sex as used predominately by females. McCormick concluded that students participating in her study continued to sex-type sexual goals.

How strong are the sexual scripts today? Do young men and women continue to reject male-female sexual egalitarianism? Byers and Heinlein (1989) found that men continue to be the initiators of sexual activities. They investigated strategies that married and cohabiting couples used to initiate sexual encounters and found that male partners initiated sex more often than female partners. Perper and Weis's (1987) findings contradicted the widely held beliefs that women rely on

men to initiate sexual encounters. The study investigated prospective and rejective strategies used by US and Canadian college women. Perper and Weis argued, that proceptivity is an on-going process, where sexual cues are exchanged between male and female partners, and then interpreted on an on-going basis. Proceptivity was defined as an interactive process, where attributions of meaning are made by both partners. O'Sullivan and Byers (1992) found that a more equalitarian standard is now used in male-female relationships. The nature of sexual initiations and responses to such initiations was examined in their study. Participants (both male and female) responded to series of questions assessing their sexual histories and attitudes and behaviors in conflict situations when intimate partner was not willing to engage in sexual intercourse. When frequency of initiation of sexual activity was studied, traditional sexual scripts prevailed. Men continued to initiate sexual activity more frequently than women, but women no longer served as restrictors and limit setters.

The previous studies focused on the strategies used by men to influence women to have sex, but failed to look at the strategies employed by women. Coercive techniques were most frequently studied (Brickman & Briere, 1984; Byres and Eno, 1992). In another study by O'Sullivan and Byers (1993), men's and women's attempts to influence a reluctant dating partner to engage in sex were examined. O'Sulivan & Byers found that while some women in their college sample actively attempted to initiate sexual relationship with their reluctant partners, they often failed to achieve the desired level of intimacy. These authors concluded that "Women appear to have had little success in their attempts to

orchestrate sexual encounters (traditionally men's role in sexual dating interactions)" (p.270).

The more recent studies continue to show that the traditional sexual scripts prevail. In a study of college men's reactions to unexpected hypothetical sexual advances by an average-looking or a very attractive women, Cindy and David Struckman-Johnson (1997) found that only 16% of men with a "restricted sexual standard" and 34% of men with "less restricted standards" indicated they would engage in a sexual intercourse with the hypothetical women. Men's reactions were also related to their involvement status (either instructed to imagine they had or did not have a girlfriend) and to the attractiveness of the hypothetical women. As expected, involvement was associated with more negative feelings about the encounter while the attractiveness of the initiator was average, and associated with a more positive feelings about the encounter when the initiator was very attractive. Even with the attractive initiator however, "the beauty bias may moderate a men's sexual standards and relationship commitments when responding to a coercive sexual advance, but it certainly does not extinguish them" (p. 331). Both groups of men, those with more and those with less restricted sexual standards, perceived the initiator's behavior as socially unacceptable, regardless of actions they reported they would choose. Men with less restricted sexual standards rated the initiator's behavior as less unacceptable than the other group.

Hynie, Lyden and Taradash (1997) examined the relationship between intimacy and commitment, and the acceptability of premarital sex and preparedness for a sexual interaction. College women were asked to rate the behavior of a

hypothetical women who had an initial sexual relationship with a new partner. The female target in this study was evaluated less positively when she provided a condom in a non-committed relationship than when she provided the condom in a committed relationship.

Current studies show that traditional gender roles continue to influence male and female sexual behaviors. There are many possible reasons for these choices. Among them are cultural, ethnic and religious standards, differences in sexual interests among genders or reluctance on the part of women to admit deviating from traditional sexual scripts (social desirability). Studies also show that more liberal attitudes do not necessarily translate into more liberal behavior, and more liberal behavior does not necessarily translate into successful sexual encounters for women. Hynie and Taradash (1997) concluded that other studies are needed to examine how closely women's' endorsement of socially acceptable sexual standards relates to the actual sexual behaviors they engage in.

Whether initiating or restricting sexual activity, women bear the burden of the consequences. Historically women have been expected to protect themselves and their partners against sexually transmitted diseases and against pregnancy. McCormick and Gaeddert (1989) analyzed contraceptive decision-making practices and found that college students in her sample judged coercion as the most effective influence tactic. Coercion was defined as an influence strategy when a power agent threatens negative consequences if birth control is not used. McCormick and Geaddert concluded that when costs are high, strong influence tactics are likely to be used. Threatening consequences such as pregnancy, may

equip women with a powerful negotiating tool. Bandura (1989) argued that because of AIDS women are placed in a more difficult situation. "Unlike protection against pregnancy, where women can exercise independent control, use of condoms requires them to exercise control over the behavior of men. Those men who possess coercive power over their partners resist the use of condoms if, in their view, it reduces their sexual pleasure, threatens their sense of manliness and authority, casts aspersions on their faithfulness, or carries the frightening implications that they may be carriers of disease. It is difficult for women to press the issue in the face of emotional and economic dependence, coercive threat, and subcultural prescription of compliant roles for them". In this passage Bandura summarizes just a few barriers that women have to face in negotiating safer sex with their partners.

Slogans, such as "Make sure your partner wears a condom" or "Just say no to sex without a condom", represent a naive and simplistic belief in women's ability to control their partners' behavior. Popular literature advises women how to introduce the topic of AIDS and condoms into a casual conversation with a potential sexual partner (Penney, 1993). Although popular literature may contain some good common sense advice, its main shortcoming is the underlying belief in equal power of sexual partners. This belief is manifested in the assumption that the only problem women may have when talking to their partners about AIDS or condom use, is experiencing discomfort or uneasiness. Women are advised to manipulate the situation and even lie to introduce the subject of condoms. Penney

(1993) prepared a list of "ice-breaking" anecdotes to be used by women to bring up the subject of condoms:

> "Are you free Saturday afternoon?
>
> Sure, why?
>
> I wanted to go to that store that sells all those condoms, but I'm embarrassed to go alone"

or

> "I can't believe what a friend of mine just did.
>
> She inherited some money and she used it to buy stock in Carter-Wallace, that company that makes condoms. She said her brother recommended it since everyone needs them now" (p.35).

Why do women need to use contrived and deceptive techniques to talk about condoms with their intimate partners? Murphy (1988) argues that in our culture women are thought to self-sacrifice and therefore may find it difficult to protect their own health and life. Is the romantic principle more powerful than the safe sex principal? Or is it the unequal power between men and women in heterosexual relationships that enables men to refuse to practice safe sex?

Sexual Communication

Although the incidence of condom use has increased over the past years, many women still fail to use condoms regularly. If educating young men and women about safe sex and condom use is to be successful, the recommendations for AIDS education and condom use need to take the experience of women into account. Shayene & Kaplan (1991) noted that relating information to women

about the importance of using condoms to avoid contracting the HIV is simply not enough. Women need to also learn how to discuss safe sex practices with their partners. It is unrealistic and irresponsible to encourage women to practice safe sex without first acknowledging difficulties and conflicts that women face in discussing safe sex with their partners (Richardson, 1988; Keizer Bell, 1989; Wortley & Fleming, 1997).

Traditionally women have been expected to put the needs and sexual satisfaction of their partners ahead of their own. Since men more than women see condoms as lowering their sexual pleasure and the spontaneity of a sexual intercourse, women face a difficult decision. Many heterosexual men deny or dismiss their partner's request to practice safe sex. Men may also lack the motivation to change their sexual practices. Safe sex educators advice women to question their partners about their sexual history, IV drug use or whether they had an HIV antibody test. Cochran (1988) found that women are not likely to do so. There is no guarantee that sexual partners will tell the truth and such questioning may lead to the loss of intimacy, the loss of trust between partners or even to violence against women.

Women are also more likely than men to engage in a sexual intercourse because of strong emotions, such as love. For example, when men and women were asked about their most important reason for engaging in a sexual intercourse, 51 percent of women and 24 percent on men gave love/emotion as the main reason, while 9 percent of women and 51 percent of men gave a lust/pleasure reason (Leigh, 1989). Carrol et al. (1985) found that when women were asked to

identify the primary reason for refusing to have a sexual intercourse, the most frequent response was "not enough love/commitment". Leigh (1989) found that for the male participants in her study, "sexual pleasure, conquests and relief of sexual tension" were among the most important reasons for having sex. Men also, more strongly than women, endorsed items such as "sex without love" and "sex for fun". Women however gave "emotional closeness" as the primary reason for sex. Hynie, Lydon & Taradash (1997) found that women identified committed relationships when sexual intimacy was present, unless lack of commitment was explicitly stated. Women therefore continue to assume that sexual intimacy is only acceptable in committed relationships. Fear of loss of love and closeness may prevent women from bringing up the subject of safe sex.

Negotiating safe sex may be even more difficult for Black and Latina women (Mays & Cochran, 1988; Leonardo & Chrisler, 1992; Shayne & Kaplan, 1991, Wartley & Fleming, 1997). Economic and cultural pressures to focus on the male's sexual experience are very real. Among some ethnic groups sexual pleasure is equated with men -- they have to be satisfied and protected. Mays & Cochran (1988) found that Black and Latina women underestimate their risk of HIV infection. Because of many other more immediate needs that Black and Hispanic women face daily, protecting oneself from AIDS is not a primary concern. Women in those ethnic groups often view AIDS as a White problem. They may also experience verbal and physical abuse in response to requests for their sexual partner to use a condom. Women who need to rely on their partners for financial support are at disadvantage in negotiating condom use. Black and Hispanic

women traditionally resist the use of barrier contraceptives. The decision to use contraceptives is frequently made by men, not by women (Mays & Cochran, 1988; Wyatt, 1991; Ickovics & Rodin, 1992; Amaro, 1988). Even if decisions are made by both partners, given the spontaneity of sexual intercourse, the decision may be changed just prior to intercourse. Hispanic women may be at higher risk for STD's and sexually transmitted HIV because of strong cultural regulators of sexual behavior. Amaro (1988) found that because motherhood is valued in Hispanic/Latina culture, childbearing starts earlier and continues later than among Anglo women. More Hispanic than non-Hispanic women report never using any contraception, not using contraception at present and not having used it during the first intercourse. Some studies also found that Hispanic women may be less knowledgeable about sex and hold more conservative attitudes towards sexuality (Davis & Harris, 1982; Moore & Erickson, 1985). Ford & Norris (1993) studied the process of acculturation of urban Hispanic adolescents and young adults to American culture, and the relationship between the process of acculturation and sexual behaviors. For women, there was a strong positive association between acculturation and sexual activity. The higher the level of acculturation, the higher the frequency of intercourse and the number of Hispanic and non-Hispanic partners. Ford and Norris concluded that Hispanic women who adopt American sexual behaviors may also be more exposed to a variety of health risks, including STD's and AIDS.

In a recent qualitative study of poor, working class adolescent girls, the girls indicated that they were able to "speak their mind" in their relationships with

parents, teachers and female friends (Way, 1995). They were not able however to do so in their relationships with boys. This finding is very valuable, since earlier studies found that White adolescents are frequently silent in all those relationships, and do not want to risk voicing their opinion. Way found that girls in her sample did not trust boys and preferred not to "speak their mind". If this is true for many young women, how can we expect them to negotiate safe sexual practices in their first intimate relationships? Catania et al. (1989) examined the psychosocial correlates of condom use and the multiple partnered sex among sexually active heterosexual adolescent women. Catania et al. found that although 47 percent of their highly sexually active sample had tried condoms with their current sexual partner, only "27 percent of the coital contacts with primary partner in the past 2 months involved use of condoms" (p.518). Of those adolescents reporting secondary sexual partner (28 percent) "only 15 percent of their coital contacts...involved condom use" (p.518). Polit-O'Hara and Khan (1985) found that sexual communication skills play an important role in ensuring effective contraceptive use among adolescents. AIDS education and prevention programs need to address the sexual communication skills.

Prevention implies considerable behavioral modification as well as sustaining safe-sex practices in every relationship and in every sexual encounter (unless one is certain that her partner does not carry the HIV virus and both remain monogamous). AIDS and safe sex practices have to be discussed by sexual partners and decisions have to be made and followed. Women need to learn how to discuss safe sex with their partners and be empowered to insist that condoms

are used. Power is an important variable in heterosexual relationships and can help to better understand inconsistency of condom use in those relationships.

Power

The concept of power has been used interchangeably with such concepts as influence, authority, control, force, strength, and many others (Johnson, 1978). Power has been studied in organizations, intergroup and interpersonal relationships, but its potential as a psychological variable, helpful in understanding the relationships between men and women, has been underestimated (Yoder & Kahn, 1992). What is power? Power has been defined in many ways. Cartwright (1966) wrote that "no two investigators used precisely the same definition of "power", but throughout, power is viewed as the ability of one person (or group) to influence or control some aspect of another person (or group)" (p V). French and Raven (1959) defined power "in terms of influence, and influence in terms of psychological change" (p. 150). French and Raven defined "strength of power" as the maximum potential ability of *O* (social agent such as a person, a role, a norm, or a group) to influence *P* (a person) in a specific system *a*. System is defined as behaviors, opinions, goals, attitudes, needs, values, etc. Based on this definition of power, six bases of power -- defined as a relationship between *O* and *P*-- were identified. The following categories of power emerged: informational, reward, coercive, legitimate, referent and expert powers. Social power, according to French and Raven is situationally influenced.

Johnson (1978) defined power as "the ability to get another person to think, feel, or do something they would not have ordinarily done spontaneously"

(p.302). Johnson also introduced and differentiated between the concepts of influence and the concept of control. Using one's power was defined as influence and the ability to successfully use that power was defined as control. Johnson viewed power, influence and control as constantly present in our everyday interactions. According to Johnson, the choice of which power base was used, was dependent on the following: the effectiveness of a particular power base in a specific situation, the possible reactions of others to this power base being used and the influencer's personality, her needs and her goals. In addition, Johnson described power in terms of three dimensions: direct versus indirect, personal versus concrete, and helpless versus competent. The choice of a specific power base being used is influenced by status, concrete resources, expertise, and confidence of the person using that power base. Johnson argued that in our society men have higher status than women and have more access to and more control over concrete resources, such as money, physical strength or other material possessions and personal resources. Men are also viewed as experts more frequently than women and because of their higher status, better access to concrete resources and expertise, they are more likely to have high self-confidence. According to this model, men are more likely than women to use such power bases as reward, coercion, legitimate power, information, and expert power. Women, on the other hand, are more likely to use indirect, personal and helpless power bases. Stereotypically, women are more likely than men to use such modes of influence as referent, helpless, indirect information, false information, nagging and sexuality. Power bases can also be classified as masculine or feminine, based on the gender

most frequently associated with that power base. Johnson concluded that women have lower status, have less access to concrete resources and competence and are forced to rely on indirect power bases. The alternative is taking the risk of being perceived as *unfeminine*.

One of the most common beliefs about gender is that men are agentic -- self-assertive, self-expansive, and motivated by urge to master -- while women are communal -- self-less, concerned with others and motivated by a desire to be one with others -- (Eagly & Steffen, 1984). In this society the agentic qualities are valued significantly more than the communal qualities. Eagly and Steffen concluded that women are perceived as communal because they are "more likely than men to hold positions at lower levels in hierarchies of status and authority and are less likely to hold higher level positions. Women also are more likely than men to be homemakers and are less likely to be employed in the paid work force. Given the pervasiveness in natural settings of sex difference and status, it seems plausible that gender stereotypes stem from the tendency of perceivers to observe women in lower status roles than men" (p.736). Stereotypically the lower the status of a person, the greater the influence one can exert over that person. Since women are perceived as more communal than men, and hold lower status positions than men do, they are expected to yield to influence more than men. Eagly and Steffen (1984) argued the that distribution of men and women into social roles underlies gender stereotypes. To address gender and power issues, Eagly (1983, 1987) developed the Social Role Model. The Social Role Model suggests that social change is needed for women to gain status in our society. Only the increase

of status for women will ensure that they are perceived as more agentic and therefore as more powerful.

Miller and Cummins (1992) examined power from a feminist perspective. These authors assert that power in social sciences has been studied from the men's rather than from the women's perspective. "A brief pursual of the literature of power in psychology reveals a picture of struggle, in which individuals' power is measured by their ability to dominate another, to win in a conflict, to exert power over another person.... Thus, resistance, conflict, force, domination, and control are recurrent themes in patriarchal constructions of the meaning of power." (p. 416). Yoder and Kahn (1992) argued that French and Raven's (1959) six bases of power and Johnson's (1976, 1978) direct/indirect classification of power fall into the power-over category. The power-over refers to domination and control of one person or group of people over another person or group (Yoder and Kahn, 1992). The focus of French and Raven's and Johnson's research is than on power-over in interpersonal relationships.

The current feminist perspectives on power focuses on the concept of empowerment (Goodrich, 1991). Empowerment is defined as a process in which participants share power in order to enhance their partners' feelings of competence and/or power (Miller & Cummins, 1992). Lips (1985) asked 500 male and female college students to define power and found that men and women defined power similarly. Miller and Cummins (1992) point to the main limitations of this study. The participants' responses were coded in terms of traditional categories such as achievement/self-worth, status, influence/dominance, aggression or physical

strength. Miller and Cummins (1992) asked 125 women to define power as defined by the larger culture, as defined by each participant herself and to describe how power operates in her life. The results of their study indicated that women define power differently then the larger culture does. Participants reported that while "society defines power in terms of money and control over other people" they define power as personal authority (p.426). For example, participants reported that personal control and positive feelings about themselves, rather than control over another person, make them feel powerful. Interestingly, 63 percent of women participating in Miller and Cummin's study reported that fulfilling traditional female roles, such as reproductive and familial roles, did not make them feel powerful. These authors concluded that the society's definition of power continues to validate the power held by men and to invalidate the power held by women.

Yoder and Kahn (1992) criticized the lack of focus in the study of power issues, and labeled the multiple definitions and classifications of power present in the literature as confusing. Yoder and Kahn argued that scientists who study power need to be clear about the type of power they are investigating and to define whether it is a societal, organizational, interpersonal or individual type of power they are assessing. The power issues also need to be studied in relation to gender. Are women interested in a traditionally male power and if so, how do they use it? Most importantly, how does power influence the communication patterns between men and women in their interpersonal relationships? Is it power or gender that

mediates communication between men and women in their intimate heterosexual relationships?

The amount of personal authority or power that women have in their intimate relationships will influence their ability to communicate and determine outcomes in those relationships. Sagrestano (1992) argues that "it is not gender per se, but the meaning that is attached to gender that leads to the observable differences in the use of strategies by women an men. Perhaps we should remove "gender" from influence strategies and instead conceptualize strategies from within framework of power" (p.446). Falbo and her colleagues (Falbo, 1977; Falbo & Peplau, 1980, 1982; Aida & Falbo, 1991) provided a framework for understanding how power strategies are used to influence others. Falbo (1977) asked 150 university students (75 male and 75 female) to write an essay in response to the question: "How I Get My Way?" A list of power strategies was than generated, based on the responses given by the participants, and labeled: assertion, tears, emotional alteration, subtlety and reasoning. Falbo developed a model to categorize the power strategies. The model was later modified (Falbo & Peplau, 1980) and a two-dimensional model was devised. Thirteen power strategies were arranged along continuum of directionality and laterality. At the ends of the directionality axis were the direct and the indirect strategies, and at the ends of the bilaterality axis were the bilateral and the unilateral strategies. The direct strategies, such as asking or reasoning, were defined as open and direct means of influence, while the indirect strategies, such as withdrawal, suggesting or hinting reflected less direct means of influence. The bilateral strategies, such as persuasion

or bargaining, were defined as interactive means of influence, while the unilateral strategies, such as telling or stating importance, reflected more independent means of influence. Falbo (1980) found that among undergraduate heterosexual dating couples men, and those with more power in their relationships were more likely than women and those with less power in their relationships to use direct and bilateral influence strategies. These findings support the traditional sex role stereotypes. According to these stereotypes men are direct and expect compliance when exerting influence, while women are less direct, expect noncompliance and use more indirect strategies to influence others (Falbo & Peplau, 1980).

The Bem Sex Role Inventory (BSRI) and the Personal Attitudes Questionnaire (PAQ) were used by Falbo to assess the participants' gender roles. In her 1977 study, Falbo found that feminine respondents, regardless of sex, were more likely than masculine or androgynous respondents, to report using tears, emotional alteration and subtlety to influence others. Feminine persons were less likely to use assertion. Falbo concluded that sex-role typing, regardless of gender, accounted for a significant amount of variance in measures of influence strategies. In her 1982 study, Falbo found that masculine respondents reported using primarily direct and bilateral strategies, while feminine respondents reported using primarily unilateral and indirect strategies. Androgynous respondents were more likely to use bilateral strategies, while undifferentiated respondents were more likely to use unilateral strategies. Falbo concluded that androgynous and masculine people are more likely than undifferentiated and feminine people to use strategies typically associated with greater power in relationships. In another study

by Howard, Blumstein and Schwartz (1986), influence strategies used by partners in same-sex and cross-sex intimate relationships were examined. Howard et al. concluded that those respondents who were in positions of weakness, i.e., heterosexual women and homosexual men, were more likely to use weak influence strategies such as manipulation and supplication.

Falbo and Peplau's model was implemented to test power strategies among married couples (Aida & Peplau, 1991). Marital satisfaction was related to the use of power strategies. Aida and Falbo found that people who saw themselves as equal partners were more satisfied with their marriage, reported using fewer strategies when attempting to influence their partner and were less likely than traditional partners to use indirect strategies. Dissatisfied partners were more likely to use indirect strategies such as complaints, put downs and ignoring. Interestingly, husbands and wives did not differ in their power strategy use. Aida and Falbo suggested that differences between populations studied (dating couples versus married couples) and a decade separating the original study from the current one were responsible for the different outcomes. These authors also point out that power strategies were measured differently in the two studies. In the original study respondents wrote an essay in response to "How I Get My Way" question, while in the 1982 study respondents indicated the frequency of using each strategy by rating items on a rating scale.

In a more recent study, Sprechner and Felmlee (1997) investigated the balance of power between men and women in romantic relationships. In this longitudinal study of 101 couples, 53% of men and 52% of women reported some

imbalance in power. Sprechner and Felmlee hypothesized that power imbalances in heterosexual relationships are directly related to gender. When power imbalance was reported, men rather than women were viewed as the power holders. The amount of power in interpersonal relationships was associated with lesser emotional investment in the relationship, which is generally characteristic of men.

In another study of power and close relationships, Veniegas and Peplau (1997) compared same-sex friendships using a variety of measures assessing the quality of those relationships. The relationship between balance of power and friendship quality was examined. As predicted, women evaluated their same-sex friendships more positively than men did. Both men and women rated equal-quality friendships as better and more satisfying than unequal friendships. When the relative importance of gender and power was examined, Veniegas and Peplau found that gender differences in friendship quality occurred in equal-power friendships and in unequal-power friendships. They concluded that "in the domain of friendship quality, gender and power may have independent effects" (p.294).

Sagrestano (1992) attempted to disentangle the effects of gender and power by studying them simultaneously and looking at both the amount of power the person has in the situation and who the target of the influence strategy is. Previous findings suggest that individuals with more power in a situation tend to choose different strategies than individuals with less power. "Thus, the same individual will change strategies depending on the particular situation and the distribution of power" (p.484). Falbo and Peplau's (1980) model was used to interpret respondents' strategy choices. Sagrestano found that regardless of

situation, male and female undergraduates used similar strategies. These strategies represented the direct and bilateral ends of directness/laterality axes: discussing, persistence, persuasion and reasoning. Only "asking" represented the direct/unilateral category. The amount of power respondents had, not gender, was responsible for their choice of influence strategies. Interestingly, only some influence strategies were used by the participants in this study. Sagrestano concluded that the use of imagined rather than real partners, relying on self-report procedures, studying non-intimate rather than intimate relationships and social desirability may have determined which strategies were used.

Chapman De Bro, Miller Campbell and Peplau (1994) asked 393 college students their opinions about influence strategies to persuade a partner to use or to avoid using a condom. The three goals of the study were: to identify strategies students used to influence their partners' condom use, to assess students' gender-typing of strategies and to "investigate differences between women's and men's assessments of comfort and effectiveness of condom influence strategies, as well as to assess gender differences in students' actual use of the strategies" (p. 167). Chapman De Bro et al. found that male participants reported using seduction strategy most frequently, both to encourage and to discourage condom use. Female participants, on the other hand, reported withholding sex as the most comfortable and frequently used strategy to influence their partner to use a condom. Deception was also frequently used by women. These strategies were consistent with traditional sexual scripts. In addition, participants rated strategies

to avoid condom use as "masculine" and strategies to encourage condom use as "feminine".

In a study by Cowan, Bommersbach and Curtis (1995), participants rated themselves on measures of codependency and power. A sample of 122 college men and women was asked to assess the amount of power they had in their intimate relationships. Participants were also asked to rate the frequency of using each of the thirteen power strategies in four conflict situations: vacations or dates, money, conflict with parents and time spend together. The strategies were adopted from Sawin (1985) and previously used in Aida and Falbo's (1991) marital satisfaction study. Those participants (both men and women) who received high sores on the codependency measures, reported using indirect influence strategies and experiencing less power in their intimate relationships. The loss of self was the strongest predictor of absence of power in intimate relationships, and codependence was the strongest predictor of indirect power strategies. There were no gender differences between strategies used by men and by women in this study.

When power strategies were assessed in a cross-cultural study of American, Korean and Japanese students, the direct strategies such as stating importance, convincing and reasoning were identified as more desirable by all participants, regardless of their culture or the participant gender (Steil and Hillman, 1993). The indirect strategies, such as acquiescing, evading or using advocate were identified as lees preferable. There were no gender differences in strategies used, with men and women reporting similar frequencies of using direct and

indirect power strategies. There was however support for power as a predictor of strategy use, i.e., more powerful people reported lower frequency of employing indirect strategies.

In yet another attempt to disentangle gender and power issues, Cataldi and Reardon (1996), investigated influence strategies in relation to power differences due to gender. Interpersonal orientation (IO), defined as a sensitivity to social context, was the variable of choice. Cataldi and Reardon discussed the relationship between interpersonal orientation, gender and influence strategies. Previous research shows women to be rated higher in interpersonal orientation than men and to use more manipulative and weak influence strategies compared to men. This difference, previously attributed to gender, may be attributed to issues of perceived power and powerlessness. Cataldi and Reardon found that men and women did not differ in their strategy choices and concluded that "neither gender nor IO alone best explains the reported use of manipulation tactics on the opposite sex" (p.212). There was however an interaction between interpersonal orientation and gender, with high IO women reporting the highest frequency of using manipulative techniques and low IO women reporting the lowest frequency. Interpersonal orientation was not significantly related to the men's use of manipulative influence strategies. Cataldi and Reardon theorized that the use of manipulative and weak influence strategies may be related to perceived chronic powerlessness in women, rather than gender alone. Powerless people are more keenly aware of their social context, i.e., are more likely to score high on the interpersonal orientation measures, since their success in influencing that context is

dependent on their ability to "read" the clues given by others, especially those in power.

Summary

Interpersonal power is a complex phenomenon (Huston, 1983). Although there is more current interest in examining power in close relationships, and its relation to a variety of psychological variables, the relationships between power, gender and influence strategies are still unclear. We tend to minimize the importance of power in intimate heterosexual relationships. Power equality or imbalance stands at the root of intimate communication. Power imbalance tips the scale in favor of one partner allowing him or her to make intimate decisions and to control outcomes of those decisions. According to a traditional gender script men are the leaders in heterosexual intimate relationships. In dating relationships partners assess each other's power very early on (Mazur, 1975). Men's power is evident in initiating contact with women, organizing dates, paying for the date, etc. Peplau and Miller Campbell (1989) found that the majority of college students, who answered questionnaires about their dating relationships in 1972, 1973 and 1974, strongly supported equal power for both partners. Previously reviewed studies show that this belief does not always translate to actual behavior.

Women need to exercise considerable power in their interactions with men in order to influence decisions about safe sex. As discussed in the previous sections, men may use more or less subtle forms of influence that make it difficult or impossible for women to exercise such control. Power imbalances in intimate sexual relationships need to be examined further to better understand why AIDS

education has made such small gains in changing sexual behaviors among young women. Leonardo and Chrisler (1992) suggest that women are expected to take responsibility for the prevention of sexually-transmitted diseases, although they may not be able to do so. Campaigns focusing on STDs, similarly to AIDS campaigns, advise women to limit the number of sexual partners, discuss sexually transmitted diseases with their partners and use condoms. Leonardo and Chrisler point to ineffectiveness of such campaigns because they fail to recognize the lack of power that women often have in their intimate relationships.

Most studies of power in interpersonal relationships rely on social or male definitions of power, i.e., assessing who has more influence in a relationship or on assessing structural power, i.e., income, attractiveness or other resources (Veniegas & Peplau, 1997; Steil and Hillman, 1993; Sprechner and Felmlee, 1997; Falbo, 1977, 1982; McCormick, 1979; Howard, Blumstein and Schwartz, 1986). At times it is unclear what kind of power is studied or how it is defined. Concepts such as control, influence or persuasion are used interchangeably.

Many previous studies of power in intimate relationships involve hypothetical rather than real situations (De Bro, Campbell and Peplau, 1994; Sagrestano, 1992). Participants are asked to role play or to imagine situations and then rate the influence strategies they would use in those situations. Participants are also asked to rate their use of power strategies across their past relationships or with imagined partners (De Bro et al., 1994). Generalizing across past relationships or relying on retrospective reconstruction of past behaviors can influence the outcomes of those studies. Participants tend to present a view of

themselves, i.e., an ideology, rather than an actual account of their behavior. To reduce the effects of inaccurate recall it is preferable to examine power and power strategies in on-going intimate relationships.

Power as a variable in intimate relationships has not been fully conceptualized or measured. Power was frequently assessed via one or two general questions (Falbo and Peplau, 1980; Howard, Blumstein and Schwartz, 1986; Sprechner and Felmlee, 1997). For example, in Falbo and Peplau's 1980 study two items measured the participant's "preference for power". Respondents used a 9-point scale to rate how important it was for them to have more influence than their partner in joined decision-making and to have an equalitarian relationship. Howard, Blumstain and Schwartz (1986) differentiated between structural power (defined as total annual income, years of education and age) and interpersonal power (defined as dependence). Commitment to the relationship and general dependence on the relationship constituted the dependent measure. Each dependent variable was assessed with one question. Multiple items need to be used to accurately assess power in intimate relationships. Sprechner and Felmlee (1997) investigated power with one direct question on balance of power and another on decision-making in participants' relationships. The previous research of power strategies has at times failed to recognize the importance of measuring demand characteristics when sensitive questions are asked. Participants may favor socially desirable responses over the less favorable ones and underreport the frequency of using undesirable power strategies (Sagrestano, 1992).

In conclusion, power in intimate heterosexual relationships has received little attention. We are especially lacking in understanding how women define power in intimate relationships, how that power relates to influence strategies that women employ to negotiate condom use, and how effective are those strategies in achieving the goals that women desire. Although the previous research attempted to answer some of these questions, it failed to assess what kind of power and how much of that power women experience in their intimate relationships.

Current Study

Since women are more likely than men to be infected with heterosexually transmitted HIV in a single act of sexual intercourse, and since condom use among young adults remains low, women and their perspective on power will be the focus of the current study. Previous research shows that women are more likely than men to yield to influence and to use weaker strategies to influence others. This puts women in a difficult position, when their goal is to negotiate condom use with their sexual partners. "Power imbalances, that occur in heterosexual relationships are likely to be related to gender" (Sprechner & Felmlee, 1997). The relationship between power, gender roles and condom use will be explored. Power will be measured with a new instrument, developed to assess power from the power-over and the power-to perspectives. Yoder and Khan (1992) defined interpersonal power-over as "an aspect of dyadic interaction...in which one person has the power to influence another within a specific relationship" (p. 383). For example, questions such as "Being in a position of authority in my relationship" or "Deceiving my partner makes me feel powerful" were included in the Power-over

scale. Power-to or personal empowerment was defined as "control one feels over one's own thoughts, feelings and behaviors (e.g., will-power and personal control). Items such as "To be myself in my relationship makes me feel powerful" or "Thinking positively makes me feel powerful" were included in the Power-to scale.

Structural power is related to social power and it was measured in the current study. Questions about participants' age, SES and education were included in the questionnaire (Howard et al., 1986). Since some authors see physical attractiveness as a source of structural power -- especially among college students -- and since perceived attractiveness may influence condom use, a measure of attractiveness was also included (Howard, Blumstein and Schwartz, 1986; Unger, 1975, 1992).

The relationship between power and negotiating strategies was examined. Power Strategy Scales, an instrument devised by Sawin (1985) and later used by other researchers, was adapted in this study. Aida and Falbo (1991) modified Sawin's instrument to study relationships between martial satisfaction, resources, and power strategies. Participants' task was to imagine themselves trying to influence their partners in five hypothetical, potentially conflict situations: vacation, financing, household chores, parenting and time spend together. For each situation a list of 13 statements, each statement reflecting one strategy, was presented and participants were asked to rate their likelihood of using each strategy on a five-point Likert scale. Respondents were also asked to generate other strategies they might have used to influence their partners. Sawin's instrument was used in the current study. Participants rated the frequency of each

strategy they employed in two potentially conflict situations: to influence their partner to use a condom or to avoid using a condom. A third situation, not related to condom use, was included for comparison purposes. Participants were also encouraged to supply any additional strategies they might have used. Falbo and Peplau's (1980) two-dimensional model provided the initial structure for analyzing power strategies. Direct, Indirect, Unilateral and Bilateral power strategy dimension scores were computed as specified by Aida & Falbo (1991). The relationship between power (as measured by the power scales) and the power strategies was examined. The relationship between power-over and power-to, gender roles the choice of influence strategies was investigated. A model describing those relationships was proposed.

In addition to these measures, other measures were used: the Bem Sex Role Inventory (to differentiate between Feminine and Masculine participants), a measure of AIDS knowledge, a measure of frequency of condom use, Condom Attitudes Scale, a measure of locus of control, a measure of authoritarianism, a measure of self-esteem and a measure of social desirability. Background information questionnaire containing questions about participant's age, race/ethnic background, educational level, GPA, number of sexual partners in the past five years and participant's self-assessment of personal risk to contract AIDS were included in the questionnaire packet.

Study Hypothesis

Major Hypotheses

1a. Amount of power will predict condom use. "Powerful" women (as measured by the Power Scale) will use direct and bilateral power strategies (as described by Falbo and Peplau's model) while "powerless" women will use indirect and unilateral strategies to negotiate condom use.

1b. Women who perceive themselves to be powerful will use fewer strategies to influence their partners' condom use than women who perceive themselves to be powerless.

2. Choice of power strategies will predict condom use. Respondents who choose direct and bilateral strategies will use condoms more regularly (with higher frequency) than respondents who use indirect and unilateral strategies.

3. Attitudes towards condoms will predict condom use. Respondents who hold more favorable attitudes toward condoms, will use condoms more regularly (with higher frequency) than respondents who hold less favorable attitudes.

4a. Gender roles will predict power strategies used to negotiate condom use. The relationship between masculinity/femininity and power strategies will be examined.

4b. Masculine respondents will use fewer strategies than Feminine respondents.

5. Mediational relationships exist among variables. Power strategies mediate the relationship between the amount of power and condom use and between gender roles and condom use.

Additional questions

6. The relationship between structural power (i.e. age, ethnicity, grade point average, overall household income, perceived attractiveness), the amount of power and the power strategies will be explored.
7. The relationships between gender roles and attitudes toward condoms and between gender roles and power strategies will be examined.

Methods

Research participants

One hundred sixty six single, heterosexually active, undergraduate female students from two colleges and two universities, who had been in intimate relationships within the past five years, were recruited to participate. The following were represented: Hunter College (86 participants), Lehman College (33 participants), Montclair University (33 participants) and Fordham University (14 participants). The undergraduates from these colleges and universities represented the ethnically and culturally diverse populations of New York City and northern New Jersey. While Hunter's and Lehman's populations were racially diverse, Montclair University's population was predominately white and middle class. Fordham University is located in the Bronx, and its population is both racially and economically diverse. For the description of the sample population see Tables 1a, 1b and 1c.

Participation in the study was voluntary. Students were recruited through a "subject pool" and through introductory psychology courses. The participants were informed that the purpose of the study was to answer questions about how

women discuss concerns about AIDS and condom use with their sexual partners. Prior to responding to questionnaire materials, recruited participants were asked to sign a consent form. Small group sessions were scheduled and lasted approximately one hour. Participants were asked not to write their names anywhere in the booklet to ensure confidentiality of responses. ID numbers were assigned instead. After each participant completed her questionnaire booklet, she was thanked for participating in the study and given a list of names, phone numbers and addresses of counseling resources to help answer HIV-related questions and concerns. In addition, the principal investigator was available to answer questions about the study.

Whites made up the largest single ethnic group in the current study (38%), but Black and Hispanic groups were well represented, (27.7% Black; 27.1% Hispanic). The remaining 6% of respondents consisted of Asian students. The age range was 17 to 51, with 24.1% of the sample 18 years old, 13.9% 21 years old and 13.8% 30 years or older. The mean age was 23.2. The majority of sample (54.2%) were Catholic, 25.3% were Protestant of various denominations, 4.8% were agnostic and 4.2% were Jewish. While 26.5% of participants reported that religion plays an unimportant role in their lives, the majority (73.5%) reported religion to be either important or somewhat important to them. 20.5% reported attending religious services once per week, 22.3% reported attending services once per month and 32.5% reported attending rarely or never. When asked how frequently the participants pray, 42.2% responded they prayed once a day, 28.3% prayed once a week, 9.6% prayed a few times a year and 14.5% prayed rarely or

never. When asked to rate their attractiveness, 18% of participating women rated themselves as average and 75% rated themselves as attractive or very attractive.

This was a sample with more than 50% of the its' annual household income under $40,000. Thirty nine percent reported their GPA to be between 3.00 - 3.49 and almost 27% reported it to be between 3.49 - 4.00. Sixty five percent of participants based their responses on current intimate relationships. When asked to indicate how many sexual partners each participant had in the past 5 years, 48.8% responded they had only one sexual partner, 41.6% had between 2 and 5 partners, and 8.4% had more than 5 partners. While 21.1% were in their current relationship less than a year, 27.7% were in their relationship between 1-3 years, 25.3% reported the length of their relationship to be more than 3 years. This was fairly atypical sample, with many participants remaining in monogamous relationships for long period of time. The majority (68.7%) rated their chance of contracting AIDS as small, 22.3% believed they had some chance of contracting AIDS and 7.8% rated their chance of contracting AIDS as strong or very strong.

Table 1a

Sample Characteristics

Variable	Categories	% (n)
Age	17-18	28.9% (48)
	19-20	16.8% (28)
	21-22	21.1% (35)
	23-24	3.6% (6)
	25-30	15.6% (26)
	>30	13.8% (20)
Race	White	38.0% (63)
	Hispanic	27.7% (46)
	Black	27.1% (45)
	Asian	6.0% (10)
Religious Affiliation	Catholic	54.2% (90)
	Protestant	25.3% (42)
	Agnostic	4.8% (8)
	Jewish	4.2% (7)
	Other	9.0% (15)
Education	Some college	89%(149)
	Other	10.2% (17)
Annual Income	Under $20,000	24.7% (41)
	$20,000-$40,000	29.6% (50)
	$40,000-$60,000	19.9% (33)
	$60,000-$80,000	14.5% (24)
	Over $80,000	6.0% (10)
Grade Point Average	Under 2.5	4.2% (7)
	2.5-2.99	15.7% (26)
	3.00-3.49	38.6% (64)
	3.5-4.00	26.5% (44)

Table 1b

Variable	Categories	% (n)
Number of Sexual Partners	1 partner	48.8% (81)
	2-5 partners	41.6% (69)
	>5 partners	8.4% (14)
Length of Sexual Relationship	>1 year	21.1% (35)
	1-3 years	27.7% (46)
	3-5 years	12.0% (20)
	>5 years	13.3% (22)
Chance of AIDS	Very strong	2.4% (4)
	Strong	5.4% (9)
	Some chance	22.3% (37)
	Not much chance	41.0% (68)
	No chance at all	27.7% (46)

Table 1c

Sample Characteristics by College or University

		School			
		Hunter	Montclair	Lehman	Fordham
Variable	Categories	% (n)	% (n)	% (n)	% (n)
Race	White	26.2% (22)	72.7% (24)	15.2% (5)	85.7% (12)
	Hispanic	27.4% (23)	12.1% (4)	48.5% (16)	
	Black	31.0% (26)	12.1% (4)	36.4% (12)	
	Asian	10.7% (9)			
Religious Affiliation	Catholic	50.0% (41)	51.5% (17)	60.6% (20)	78.6% (11)
	Protestant	4.9% (4)	36.4% (12)	6.1% (2)	14.3% (2)
	Jewish	4.9% (4)	3.6% (3)		
	Other	39.0% (32)	9.1% (3)	30.3% (10)	7.1% (1)
Annual Income	Under $20,000	32.1% (26)	16.1% (5)	30.3% (10)	
	$20,000-$40,000	29.6% (24)	19.4% (6)	2.4% (14)	38.5% (5)
	$40,000-$60,000	19.8% (16)	25.8% (8)	18.2% (6)	23.1% (3)
	$60,000-$80,000	11.1% (9)	25.8% (8)	9.1% (3)	30.8% (4)
	Over $80,000	6.2% (5)	12.9% (4)		7.7% (1)

Table 1c (continue)

Sample Characteristics by College or University

		School			
		Hunter	Montclair	Lehman	Fordham
Variable	Categories	% (n)	% (n)	% (n)	% (n)
Grade Point Average	Under 2.5	5.7% (4)	3.4% (1)	3.4% (1)	
	2.5-2.99	20.0% (14)	13.8% (4)	20.7% (6)	15.4% (2)
	3.00-3.49	40.0% (28)	41.4% (12)	51.7% (15)	69.2% (9)
	3.5-4.00	32.9% (23)	41.4% (12)	24.1% (7)	15.4% (2)
Number of Sexual Partners	1 partner	49.4% (42)	51.5% (17)	51.5% (17)	35.7% (5)
	2-5 partners	44.7% (38)	33.3% (11)	42.4% (14)	42.9% (6)
	>5 partners	5.9% (5)	15.2% (5)	3.0% (1)	21.4% (3)
Chance of AIDS	Very strong	2.4% (2)		6.1% (2)	
	Strong	5.9% (5)	6.3% (2)		14.3% (2)
	Some chance	17.6% (15)	25.0% (8)	33.3% (11)	21.4% (3)
	Not much chance	45.9% (39)	46.9% (15)	30.3% (10)	28.6% (4)
	No chance at all	28.2% (24)	21.9% (7)	30.3% (10)	35.7% (5)

Measures

A copy of the questionnaire used in the current study, including all measures, is presented in Appendix A. Measures described below appear in the same order in which they are presented in the questionnaire packet. Descriptive statistics and internal consistency reliabilities for all scales used in the analyses can be found in Table 8. Intercorrelations among these scales can be found in Table 9a and Intercorrelations among major scales and background information in Table 9b.

The Power Scale

The Power Scale, a new measure, was developed in several stages. In the first stage, focus groups were conducted to outline areas of negotiating power in intimate relationships, to help generate power scale items and to provide language appropriate for the scale. In addition, focus groups helped to examine perceptions, beliefs and attitudes toward power issues in intimate relationships. Four focus groups were conducted in October of '96. Each group, with exception of the first group, consisted of 8 women. There were 7 women in the first group. Focus group interviews lasted between 60 and 90 minutes. All participants were single, heterosexual women from Hunter College. Groups were led by 2 Hunter College female students, who conducted or participated in focus groups in the past. These interviewers were chosen based on the commonality rule, i.e., to employ leaders who are similar to focus group members in gender, education, socio-economic status, etc. Focus group interviews were tape-recorded.

Focus group questions: Prior to conducting focus group interviews, 16 female students from Fordham University were asked to respond in writing to two

sentences: "I feel powerful when..." and "I feel powerless when...". Their responses provided general categories which later helped to develop questions for the focus group interviews. Focus group leaders followed a narrative and questions outlined by the principal researcher. For a copy of focus group interview questions and narrative see Appendix B.

Procedure: Focus group leaders informed participants that they were invited to share their opinions and ideas about power in intimate heterosexual relationships. Participants were also informed that they shared certain characteristics that were of particular interest to us. Effort was made not to include close friends or classmates into the same group, since familiarity tends to inhibit disclosure. Probes were used when appropriate. Interviews were tape-recorded.

Construction of Power Questionnaire: All responses were qualified and general categories emerged. Fifty five questions were generated from the categorized responses. Those questions formed a pilot questionnaire, which was administered to 20 Hunter College female students to be rated. Respondents were asked to rate each question on a 5-point Likert-type scale from "not at all important as a source of power" to "very important as a source of power". Respondents were also provided with brief definitions of "power-over" and "power-to" and asked to classify each question as a "power-over", "power-to" or "neither" question. Classifying questions in that manner did not prove useful, since participants felt they did not have enough information to accurately label questions.

Another pilot study was conducted with a different sample of 20 female students from Hunter College. Questions were constructed in such manner that

each question included "I feel powerful..." or "It makes me feel powerful..." statement . Participants rated 55 questions on a 4-point Likert-type scale from "strongly disagree" to "strongly agree", with the middle point eliminated. Based on those responses and comments, 17 questions were eliminated . Factor analyses were conducted on the remaining 38 questions. 20 items with the highest loading were chosen to build the Power Scale. Ten items were chosen for the Power-over subscale and ten items for the Power-to subscale.

Factor analyses were conducted on the 20 power items. Varimax rotation technique was utilized, with different specifications for the number of factors to be extracted. The results of the factor analyses described below indicate the most coherent factor structure. When number of factors was not specified, five factors emerged, with two factors most clearly interpretable. When two factor solution was specified, items clustered on Factor 1, labeled Power-over and Factor 2, labeled Power-to. Factor 1 accounted for 26.6% of total variance, and Factor 2 accounted for additional 15.3% of the total variance. For factor loadings refer to Appendix C.

Alpha coefficients were computed for both sub-scales and for the entire scale. The Power-over Scale obtained a reliability of .83 (Alpha = .8300), the Power-to Scale obtained a reliability of .81 (Alpha = .8084) and the entire Power Scale obtained a reliability of .85 (Alpha = .8489). For a list of items included in the Power-over and the Power-to scales, see Table 2.

Table 2

Items Comprising the Power-over and the Power-to Scales of the Power Scale

Category	Items
Power-over	Being in a position of authority in my relationship makes me feel powerful.
	Being more successful than my partner makes me feel powerful.
	I feel powerful when I'm more intelligent than my partner.
	Deceiving my partner makes me feel powerful.
	Being more knowledgeable than my partner makes me feel powerful.
	I feel powerful when my partner does not use a condom because of my request.
	I feel powerful when I do risky things.
	To be able to influence my partner without his knowledge makes me feel powerful.
	I feel powerful when I can dominate my partner.
	I feel powerful when I'm able to seduce my partner.
Power-to	I feel powerful when I'm able to sexually please my partner.
	To be myself in my relationship makes me feel powerful.
	Communicating well with my partner makes me feel powerful
	Buying condoms makes me feel powerful.
	I feel powerful when my partner respects my sexual wishes.
	Being sexually assertive makes me feel powerful.
	Certain sexual positions make me feel powerful.
	I feel powerful when I are for or nurture my partner.
	Thinking positively makes me feel powerful.
	Being in control of my own behavior makes me feel powerful.
Note:	The Power-to and the Power-over scale items alternate, with the Power-over item as the first item .

The relationships between subscales and between each subscale and the entire Power Scale were significant. There was a significant correlation between the Power-over and the Power-to scales ($r = .37$, $p < .001$). The correlation between the Power-over Scale and the Power Scale was $r = .87$, $p < .001$, while the correlation between the Power-to Scale and the Power Scale was ($r = .78$, $p <$

.001). The Power Scale was the first measure in the questionnaire packet, with the Power-over scale and the Power-to scale items alternating. Respondents rated their agreement or disagreement with each statement on a Likert-type four-item scale, from "strongly disagree" (1) to "strongly agree" (4). Higher scores indicated greater amount of power. Each participant received a power-over score, a power-to score and an overall power score.

Power strategy scales (Interpersonal Situations Scale)

This instrument, devised by Sawin (1985) and adopted by Aida and Falbo (1991) to measure a relationship between marital satisfaction and power strategies, was modified for this study. The instrument contained a brief description of three situations (encourage partner to use a condom, encourage partner to avoid using a condom and a neutral situation to encourage partner to spend time together). Each situation was followed by a list of thirteen statements, with each representing one power strategy. Strategies were not labeled. The following strategies were represented: asking, bargaining, laissez-faire, negative affect, persistence, persuasion, positive affect, reasoning, stating importance, hinting, talking, telling and withdrawal. For a list of strategies, see Table 3. Participants were asked to rate the likelihood of using each strategy in each situation. Five-point Likert-type scale was utilized, with statements ranging from "behavior is not at all likely" (1) to "behavior is very likely" (5). Scores were calculated to identify power strategies most frequently used in each situation, with high scores indicating frequent strategy use.

Table 3

Items Comprising the Power Strategies Scale

Item #	Power Strategy	Item
1	Asking	I ask my partner to do what I want
2	Bargaining	I try to negotiate and compromise
3	Laissez-Fairre	I don't care either way
4	Negative Affect	I sulk, refuse to talk to him, or act cold toward my partner
5	Persistence	I keep reminding him what I want until my partner gives in
6	Persuasion	I try to convince my partner that my way is right
7	Positive Affect	I become extremely pleasant, cheerful and smile a lot
8	Reasoning	I try to discuss the issue rationally
9	Stating Importance	I tell my partner how important it is to me
10	Hinting	I drop hints about what I want
11	Talking	I try to talk about it and discuss our needs and differences
12	Telling	I tell my partner what I want
13	Withdrawal	I ignore my partner or don't listen to his side

Prior to rating the strategies, participants were asked to indicate, whether each of the three situations they were describing, was a real situation, i.e., "similar to one that has already happened to you" or an imagined situation, i.e. "what you think you would do if you were in that situation". Strategy choice was then analyzed to assess whether there was a significant difference in number of participants choosing "real" and "imagined" categories. The first situation, i.e., participant wants to use a condom and her partner does not want to do so, was characterized by a similar number of women describing "real" and "imagined" situations. The second situation, i.e., participant does not want to use a condom and her partner wants to do so, was mostly "imagined", while the third situation, i.e. partners disagree about the amount of time they spend together, was mostly

"real". For frequency distribution of participants across the three situations, see Table 4.

Table 4

Frequency Distribution for Real and Imagined Situations

Situation	Real		Imagined		Not Indicated	
	(%	n)	(%	n)	(%	n)
1. You want your partner to use a condom and your partner disagrees	38.6	64	48.2	80	13.2	22
2. Your partner wants to use a condom and you disagree	15.7	26	70.5	117	13.8	23
3. You and your partner disagree about the amount of time spend together	76.5	127	9.0	15	14.5	24

T-tests for independent samples were conducted to look for possible differences in strategy choice between those participants who described "real" situations, and those who described "imagined" situations, and showed those differences to be negligible. In the majority of cases participants' choice of power strategies did not differ based on describing a "real" or "imagined" situation. Indeed, in the first situation, with almost equal numbers of women in the "real" and the "imagined" groups, significant differences were found for only three strategy choices. The differences for the remaining ten strategies were not significant. The "real" and "imagined" responses were therefore combined for all major analyses. For comparison of "real" and "imagined" responses see Table 5.

Table 5

Comparison of Power Strategies Chosen by Participants in "Real" and "Imagined" Situations

Situation	Strategy	"Real" mean	"Imagined" mean	p
1	Ask	3.95	4.01	.676
1	Bargain	3.98	3.86	.498
1	Laissez-Fairre	1.81	1.44	.003**
1	Negative Affect	2.68	2.51	.552
1	Persistence	3.34	3.28	.998
1	Persuasion	3.47	3.91	.094*
1	Positive Affect	2.56	2.49	.467
1	Reasoning	4.27	4.45	.368
1	Stating Importance	4.19	4.60	.006**
1	Hinting	3.58	3.53	.166
1	Talking	4.19	4.30	.803
1	Telling	4.39	4.41	.712
1	Withdrawal	1.81	1.73	.711
2	Ask	3.58	3.99	.113
2	Bargain	3.54	3.97	.316
2	Laissez-Fairre	2.27	2.11	.866
2	Negative Affect	2.58	2.33	.661
2	Persistence	3.46	3.19	.845
2	Persuasion	3.58	3.42	.247
2	Positive Affect	3.42	2.66	.683
2	Reasoning	4.19	3.94	.407
2	Stating Importance	3.77	4.09	.045*
2	Hinting	3.73	3.58	.743
2	Talking	4.04	4.03	.981
2	Telling	4.19	4.36	.867
2	Withdrawal	1.88	1.58	.159
3	Ask	3.92	3.50	.065*
3	Bargain	4.44	4.00	.723
3	Laissez-Fairre	1.52	1.60	.656
3	Negative Affect	2.88	2.07	.261
3	Persistence	3.58	2.87	.949
3	Persuasion	3.91	3.47	.371
3	Positive Affect	2.86	2.33	.638
3	Reasoning	4.44	4.67	.182
3	Stating Importance	4.66	4.60	.693

Table 5 (continue)

3	Hinting	4.00	2.93	069*
3	Talking	4.53	4.40	659
3	Telling	4.48	4.00	976
3	Withdrawal	1.61	2.07	005**

Note: Means are based on a scale from 1-5. Higher mans reflect higher strategy endorsement.
* $p < .10$; ** $p < .01$; *** $p < .001$

The relationship among strategies across the three situations was examined by correlating each strategy in one situation with the same strategy in the second and the third situations. All correlations were moderate, but significant. For a list of correlations see Appendix D. To see whether the power strategies differ or remain constant across situations, ANOVAs were performed, using a within subject design. Power strategy scores for each strategy were computed by summing up across situations (Aida & Falbo, 1991). Each participant received 13 separate power strategy scores corresponding to 13 strategies. Participants tended to choose different strategies across the three situations [$F(2,310) = 14.72$, $p < .000$]. Nonetheless, the greater tendency was for the same strategies to be used over various situations [$F(12,1860) = 183.68$, $p < .000$]. The stronger effect, based on the ETA value, was for strategies, not for situations (ETA = .542 for strategies; ETA = .087 for situations). There was also a significant interaction between situations and strategies [$F(24, 3720) = 7.38$, $p < .000$] pointing to the mutual influence of situations and strategies on each other. Although the influence of situations on a strategy choice matters, their role is less important than the role that the power strategies play. The strategies are likely to remain constant across

situations. This evidence allows us to compute a power strategy score for each participant by summing individual strategy sores across situations.

Subsequent exploratory factor analyses further supported the previous conclusions. Principal Component Analysis was conducted on power strategies and ten factors emerged. Four factors (Factors #2, #6, #8 and #9) were situation-specific, i.e., "situation" factors, and six factors (Factors #1, #3, #4, #5, #7 and #10) included power strategies that the participants used across two or three situations, i.e., "strategy" factors. For example Factor #6, representing a "situation" factor, with four power strategies such as Asking, Stating Importance, Talking and Telling utilized in the first situation, loaded on this factor. Similarly, four strategies utilized in situation #2, such as Negative Affect, Persistence, Persuasion and Hinting, loaded on Factor #9. The "strategy" factors were characterized by the same strategies used across two or three situations. For example, strategies such as Asking, Persistence and Persuasion , which loaded on Factor #1, were utilized in all three situations. Although not all factors were so clearly interpretable, overall the importance of strategies as a constant across situations shows a strong trend. Including more diverse situations in the study of power strategies, might lend further support to this interpretation. For a loading structure of "situation" and "strategy" factors see Tables 6a and 6b in Appendix E. Alpha coefficients were computed for each power strategy, with each strategy treated as a separate, one- item scale. Descriptive statistics and reliabilities for all strategies can be found in Table 7.

Table 7

Descriptive Statistics and Reliabilities of the Power Strategies

Variable	#of Items	Mean	SD	Alpha
Asking	1	11.66	3.00	.77
Bargaining	1	12.20	2.20	.49
Laissez-Fairre	1	5.48	2.48	.61
Negative Affect	1	7.87	3.24	.67
Persistence	1	10.01	3.27	.75
Persuasion	1	10.85	3.06	.66
Positive Affect	1	8.22	3.34	.71
Reasoning	1	12.77	2.20	.58
Stating Importance	1	13.05	2.22	.52
Hinting	1	11.08	3.04	.73
Talking	1	12.79	2.33	.69
Telling	1	13.02	2.13	.62
Withdrawal	1	5.25	2.59	.71

Note: Participants' scores were summed up across three situations. Scores ranged from 1-5 in each individual situation, with an overall score ranging from 1-15. Higher scores indicate higher item endorsement.

Condom Attitude Scale

This 25-item scale developed by Campbell, Peplau and DeBro (1992) described attitudes and beliefs about condoms and related behaviors. Participants were asked to rate each item on a 5-point Likert-type scale, with "1" indicating strong disagreement with an item and "5" indicating strong agreement with an item. High scores indicated positive attitudes toward condom use. An alpha coefficient was computed for the entire scale and yielded .76.

Condom Use

A three-item measure of condom use was developed to assess the frequency with which participants use condoms in their current relationship, in their past relationships and their future intents to use condoms. The frequency

was rated on a 5-point Likert-type scale, with 1 indicating "never use a condom" and 5 indicating "always use a condom". High score indicated higher frequency of condom use in the past, in a current (or recent) relationship, and a higher probability of using condoms in the future. An internal consistency reliability of the Condom Use Scale was .66.

AIDS Knowledge Questionnaire

This measure developed by Herek (1986) assessed participants' knowledge and beliefs about the main routes of AIDS transmission. The measure consisted of twelve statements describing a variety of behaviors. Participants were asked to rate each behavior in terms of its likelihood of transmitting HIV. Behaviors were rated on a five-point Likert-type scale, with 1 representing action "not at all likely to spread AIDS" and 5 representing action "very likely to spread AIDS". A high score represented high accuracy of knowledge about HIV transmission. Reliability analysis was performed and yielded an alpha of .79

Bem Sex Role Inventory (BSRI)

This self-descriptive measure consisting of 60 adjectives was developed by Bem (1974) and administrated to measure participants' masculine and feminine gender roles. Twenty of the characteristics, such as: self-reliant, athletic or competitive, represented masculine gender roles. Masculine adjectives alternated with feminine adjectives, such as: loyal, understanding or soft spoken, and neutral adjectives, such as: conscientious, happy or friendly. On a scale from 1 to 7, with 1 representing "never or almost never true" and 7 representing "always or almost always true", participants indicated how well each statement described her. The

"Masculinity" score was computed by summing all masculine ratings and the "Femininity" score was calculated by summing all feminine ratings. Alpha coefficients were computed and yielded alpha = .84 for "Masculine" scale and alpha = .80 for "Feminine" scale. An androgyny score was also computed for each participant by subtracting participant's "Masculinity" score from her "Femininity" score.

Locus of Control

This ten-item scale developed by Paulhus and Christie (1981) consists of five items measuring an internal locus of control and five items measuring an external locus of control. Participants indicated their agreement or disagreement with each statement using a 7-point Likert type scale. The anchor points were "strongly disagree with the statement", (1), and "strongly agree with the statement", (7). High scores indicated high internal control. An alpha coefficient for the Paulhus Scale was .42.

Authoritarian (Adorno) Scale

This 13 item scale measured the authoritarian personality trait. On a scale from 1 to 5, with "1" indicating strong disagreement with an item, and "5" indicating strong agreement, participants rated themselves. High score indicated high authoritarianism. An alpha coefficient was computed and yielded alpha = .75.

Self-esteem scale

Rosenberg's (1965) self-esteem scale, originally developed to measure self-esteem in adolescent population, was used in the current study. The scale ranges from "strongly disagree" (1) to "strongly agree" (4), with higher scores reflecting a

higher sense of a general favorable self-attitude. Participants responded to items such as "I wish I had more respect for myself", "At times I think I'm not good at all" and "I take a positive attitude toward myself". An alpha coefficient for Rosenberg's Self-esteem Scale was .81.

The relationships among all scales included in the current study were analyzed. For descriptive statistics and reliabilities of all scales see Table 8. For intercorrelations among major scales, see Table 9a.

Background Information

The following background information was collected: participants' age, race/ethnic background, religious affiliation, highest educational level, grade point average and an overall household income. The background questionnaire also included questions concerning the role of religion and prayer in respondents' lives, self rating of attractiveness and questions assessing the number of sexual partners, length of current or (recent) relationship and a self-rating of a chance of contracting AIDS. For a copy of background questionnaire, see Appendix A. For Intercorrelations among the major scales and background information, see Table 9b.

Table 8

Descriptive Statistics and Reliabilities of Major Scales

Variable	#of Items	Mean	SD	Alpha
Power Scale	20	55.07	9.46	.85
Power-To Scale	10	31.01	5.41	.81
Power-Over Scale	10	23.35	6.26	.83
Interactive Strategy Scale	5	64.00	7.99	.78
Autonomous Strategy Scale	4	11.65	3.01	.73

Table 8 (continue)

Condom Attitudes Scale	25	91.96	11.9	.76
Condom Use Scale	3	10.63	3.21	.66
AIDS Knowledge Q.	12	50.61	6.40	.79
BSRI Masculine Scale	20	97.31	16.9	.84
BSRI Feminine Scale	20	104.0	12.3	.80
Locus of Control	10	49.39	9.04	.42
Authoritarian Scale	13	40.99	9.65	.75
Self-esteem Scale	10	33.92	4.15	.81

Table 9a

Intercorrelations among major scales

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Power Scale	-------												
2. Power-over	.87***												
3. Power-to Scale	.78***	.37***											
4. Interactive Strategy Scale	.08	-.06	.25**										
5. Autonomous Strategy Scale	.40***	.36***	.28***	.13*									
6. Condom Attitudes Scale	.08	-.05	.22**	.25**	.02								
7. Condom Use Scale	.01	-.11	.19*	.20**	.04	.42***							
8. AIDS Questionnaire	-.01	-.09	.08	.06	.04	.20**	.14						
9. Masculine Scale	.14*	.06	.22**	.29***	.04	.16*	.03	.09					
10. Feminine Scale	.12	.08	.12	.26**	-.09	.04	.07	-.12	.17*				
11. Androgyny Scale	-.04	-.01	-.10	-.05	-.10	-.13	.03	-.16	-.75***	.53***			
12. Locus of control	-.04	-.14*	.10	.30***	-.03	.35***	-.06	.25**	.25**	.07	-.16*		
13. Authoritarian Scale	.24**	.28***	.10	-.14*	.07	-.05	.05	-.28***	.09	.16	.03	-.12	
14. Self-esteem Scale	-.08	-.17*	.09	.30***	-.03	.24	.13	.05	.32***	.04	-.25**	.22**	-.14**

* $p < .05$; ** $p < .01$; *** $p < .001$

The Power-over and the Power-to subscales were significantly correlated with the Power Scale (r = .87, p < 001 for the Power-over Scale and r = .78, p < .001 for the Power-to Scale). The Power Scale was also significantly correlated with the Autonomous strategies scale (r = .40, p < .001), with the BSRI "Masculinity" measure (r = .14, p < .05) and marginally correlated with the BSRI "Femininity" measure (r = .12, p < .10). The Power Scale and the Authoritarian Scale were significantly correlated (r = .24, p < .01), providing validity to the Power Scale. In addition, scores on the Power-over Scale were significantly associated with scores on the Power-to Scale (r = .37, p < .001), Autonomous strategy scale (r = .36, p< .001) and with the Authoritarian Scale (r = .28, p < .001). There was a negative relationship between the Power-over Scale and the self-esteem measure (r = -.17, p < .05), and between the Power-over Scale and the Locus of Control measure (r = -.14, p < .05). Marginal negative relationship was found between the Power-over Scale and the condom use measure (r = -.11, p < .10).

The Power-to Scale correlated significantly with the Interactive strategy scales (r = .25, p < .01), the Autonomous strategy sales (r = .28, p < 001), the Condom Attitudes Scale (r = .22, p< .01) and the BSRI "Masculinity" scale (r = .22, p < .01). Positive relationship was also found between the Power-to Scale and the condom use measure (r = .19, p < .05).

There was a small positive association between the Interactive and the Autonomous scales (r = .13, p < .05) showing that the strategies are mildly related with each other. The Interactive scale correlated significantly with the Condom

Attitudes measure (r = .25, p < .01), the Condom Use scale (r = .20, p < .01), the BSRI "Masculinity" scale (r = .29, p < .001) and the BSRI "Femininity" scale (r = .26, p < .01). A strong positive relationship was also found between the Interactive scale, the Locus of Control measure (r = .30, p < .001) and the Self-esteem scale (r = .30, p < .001). A negative relationship was found between the Interactive scale and the Authoritarian Scale (r = -.14, p < .05).

The Condom Attitudes Scale correlated significantly with the Condom Use scale (r = .42, p < .001), the AIDS questionnaire (r = .20, p < .01), the BSRI "Masculinity" sale (r = .16, p < .05) and the Locus of Control scale (r = .35, p < .001). A positive association was found between the BSRI "Masculinity" scale and the Locus of Control scale (r = .25, p < .01). A negative association was found between the same scale and the Authoritarian Scale (r = -.28, p < .001). The BSRI "Masculinity" scale correlated positively with the "Femininity" scale (r = .17, p < .05), the Locus of control scale (r = .25, p < .01) and the Self-esteem measure (r = .32, p < .001). A positive association was found between the Self-esteem measure (r = .22, p < .01) and the Locus of Control scale. Rosenberg's Self-esteem scale correlated negatively with the Authoritarian Scale (r = -.14, p < .01).

Table 9b

Intercorrelations among major scales and background information

	Age	Race	Religious Affiliation	Religious Role	Prayer	GPA	Income	Physical Attractiveness
1. Power Scale	-.12	.01	.07	02	.11	-.17*	-.15*	.11
2. Power-over Sale	- 11	.00	.05	-.02	.10	-.21**	-.09	.10
3. Power-to Scale	-.08	.01	.07	07	.08	-.06	-.16*	.09
4. Interactive Strategy Scale	.13*	-.05	.02	.01	.00	.22**	.02	.06
5. Autonomous Strategy Scale	-.03	.12	.03	09	.03	-.13	-.14*	-.03
6. Condom Attitudes Scale	-.15*	-.06	- 01	.14*	.03	.04	-.06	.11
7. Condom Use Scale	-.39***	-.04	-.06	.05	.02	-.17*	- 02	- 01
8. AIDS Questionnaire	-.07	-.06	-.15*	.29***	.18**	.16*	.08	.10
9. Masculine Scale	.15*	-.04	.08	-.02	.02	.11	.02	.23**
10.Feminine Scale	.01	-.02	.08	- 35***	- 11	- 09	- 05	.19**
11.Androgyny Scale	-.13	.01	.00	- 19**	- 07	-.16*	-.05	-.08
12.Locus of control	.15*	-.07	-.12	- 08	.09	.17*	- 05	.04
13.Authoritarin Scale	-.20**	-.07	.10	- 21**	- 14*	- 16*	- 22**	.02
14.Self-esteem Scale	.16*	-.02	-.05	- 07	-.09	.27**	.01	.36***

* $p < .05$; ** $p < .01$; *** $p < .001$

The Power Scale and the Power-over subscale were negatively correlated with GPA (r = .-17, p < .05 for the Power Scale and r = .-.21, p < .01 for the Power-over Scale) and with the overall household income (r = -.15, p < .05 for the Power Scale and r = -.09, ns for the Power-over Scale). The Power-to Scale also correlated negatively with the overall household income (r = -.16, p < .05).

The Interactive strategy scale was positively correlated with age (r = .13, p < .05) despite the restricted variability within the group. The scale was also positively correlated with GPA (r = .22, p < .01). The Autonomous strategy scales were negatively correlated with income (r = -.14, p < .05). Scores on the Condom Attitude scale were negatively associated with age (r = -.15, p < .05) and positively associated with the role of religion (r = .14, p < .05). These associations are puzzling. For example, the relationship between the role of religion and attitudes toward condoms is difficult to interpret.

The measure of condom use was significantly negatively correlated with age (r = -.39, p < .001) and moderately negatively correlated with GPA (r = -.17, p < .05). The negative relationship between condom use and age is unexpected. It can be better understood when the number of sexual partners is considered. Almost 49% of women participating in the study reported having only one sexual partner during the past five years. Fifty three percent of participants reported remaining in the same intimate relationship for more than a year. Monogamy may have significantly influenced participants' condom use. The longer the intimate relationship, the less likely the condom use.

The BSRI "Masculinity" scale was positively correlated with age (r = .15, p < .05) and with physical attractiveness (r = .23, p < .01). The "Femininity" scale was negatively correlated with the role religion plays in participants' lives (r = -.35, p < .001) and positively correlated with physical attractiveness (r = .19, p < .01).

Significant relationships were also found between the Locus of Control scale and age (r = .15, p < .05) and between the same scale and GPA (r = .17, p < .05). Significant negative correlations were found between the Authoritarian Scale and age (r = -.20, p < .01), role of religion (r = -.21, p < 01), the importance of prayer (r = -.14, p < .05), GPA (r = -.16, p < 05) and income (r = -.22, p < .01). The negative association between the Authoritarian Scale, the role of religion and the importance of prayer in participants' lives is also unexpected and requires further examination.

The Self-esteem Scale correlated positively with age (r = .16, p < .05), with GPA (r = .27, p < .01) and with physical attractiveness (r = .36, p < .001).

Results

Factor analyses were conducted on the 13 power strategies, and showed little support for the Falbo & Peplau's two-dimensional model. According to this model, strategies can be arranged along two dimensions: a direct dimension, ranging from direct to indirect, and an interactive dimension, ranging from bilateral to unilateral (Falbo & Peplau, 1980). When number of factors was specified (i.e. 4 factors), only 3 factors had Eigenvalues greater than 1 and were somewhat interpretable, with the first factor accounting for 24.9% of variance, the second factor accounting for additional 20.3% of variance, and the third factor accounting

for extra 11.2% of total variance. Strategies such as Bargaining, Stating Importance, Reasoning and Talking had the highest loading, and with the exception of Stating Importance, fell into the Direct and Bilateral category. Stating Importance was a Direct and Unilateral strategy. Strategies such as Asking, Persistence, Persuasion and Telling loaded on the second factor. While all these strategies are Direct strategies, Persistence and Persuasion are Bilateral, while Asking and Telling are Unilateral strategies. The third factor consisted of three Indirect strategies (Hinting, Laissez-Fairre and Positive Affect). While Hinting and Positive Affect are also a Bilateral strategies, Laissez-Fairre falls into the Unilateral category. For factor loadings (four factor solution) see Appendix F.

Another exploratory factor analyses followed, with three and two factors specified. Oblimin rotation was employed (r = .06). Two factor extraction was most interpretable. Factor 1, labeled Interactive factor, accounted for 24.9% of the total variance, and factor 2, labeled Autonomous factor, accounted for additional 20.3% of total variance. Four strategies constitute the Interactive category: Talking (.81082), Reasoning (.75147), Stating Importance (.80437) and Bargaining (.44064). There are also four strategies that constitute the Autonomous category: Persuasion (.74632), Persistence (.77138), Asking (.62608) and Negative Affect (.46869). For item loadings of the Interactive and the Autonomous power strategies, see Table 10.

Table 10

The Interactive and the Autonomous Factor Loadings

Strategy	Factor 1	Factor 2
Asking	.04316	.62608
Bargaining	.44064	-.01882
Laissez-Fairre	.40380	.30737
Negative Affect	.07997	.46869
Persistence	-.02871	.77138
Persuasion	23469	.74632
Positive Affect	07665	.08230
Reasoning	.75147	-.06696
Stating Importance	.80437	.28783
Hinting	.02974	.25305
Talking	.81082	.02969
Telling	.48649	.34727
Withdrawal	-.38002	.36265

Note: Strategies such as "Telling", "Laissez-Fairre" and "Withdrawal" were excluded because they loaded on both factors.

Confirmatory factor analyses (Lisrel), with two factors corresponding to factors found in exploratory analyses, supports the Interactive/Autonomous power strategy categories. Eight strategies were entered into the final analysis, i.e., Talking, Reasoning, Stating Importance, Bargaining, Persuasion, Persistence, Asking and Negative Affect. Two factors emerged, with Bargaining, Reasoning, Stating Importance and Talking loading on the first factor and Asking, Negative Affect, Persistence and Persuasion loading on the second factor. The two factors were mildly correlated with each other (r = .131). Chi-square with 19 degrees of freedom = 57.847 (p = .000) and the Goodness of Fit Index (GFI) = 0.918. For factor loadings of the Interactive and the Autonomous strategies in the confirmatory factor analyses, see Table 11.

Table 11

Confirmatory Factor Analyses of the Interactive and the Autonomous Power Strategies

Strategy	Factor 1	Factor 2
Asking		.611
Bargaining	.425	
Negative Affect		.457
Persistence		.766
Persuasion		.754
Reasoning	.762	
Stating Importance	.746	
Talking	.872	

Note: Factors with loading of .40 or less were not included.

Reliability analyses was conducted on the Interactive and the Autonomous strategy scales. An Interactive score was computed by summing up the scores of Bargaining, Reasoning, Stating Importance and Talking. The Autonomous score was computed by summing up the scores of Asking, Negative Affect, Persistence and Persuasion. Alpha coefficients for the Interactive and the Autonomous scales were computed and yielded alpha = .7822 for the Interactive scale and alpha = .7307 for the Autonomous scale.

Hypotheses testing

Hypothesis 1: The relationship between the amount of power and the power strategies

The first study hypothesis predicted that there is a relationship between the amount of power women have (as measured by the Power Scale) and the power strategies used to negotiate condom use. Women with more power were predicted

to use more direct and bilateral strategies, while women with less power were expected to use indirect and unilateral strategies. Women who have more power were also predicted to use fewer strategies than women with less power. For the description of central variables and hypothesized relationships among them, see model in Appendix G.

As discussed earlier, this study did not find support for Falbo and Peplau's (1980) two-dimensional model of power strategies. The power strategies were divided into two categories: the Interactive category and the Autonomous category. Because of the new way of categorizing the power strategies, the original distinction of four vectors no longer applies. The relationship between the amount of power and the Interactive and the Autonomous power strategies was examined.

Multiple regression analysis was used to test the relationship between the amount of power and the power strategies. While the Power-over and the Power-to scales predicted the Interactive power strategies separately, the entire Power Scale failed to do so (see Table 12a). Women who received low scores on the Power-over scale and high scores on the Power-to scale, were most likely to use the Interactive power strategies, such as bargaining, reasoning, stating importance and talking. The use of the Autonomous strategies was predicted by high Power-over and high Power-to scores (see Table 12b) . The entire Power Scale was also a predictor of the Autonomous power strategies (see Table 12c). Those women who received high scores on the Power-to scale, tended to use both, the Interactive and the Autonomous strategies.

Table 12a

Regression of High/Low Amount of Power on the Interactive Power Strategies

Predictor	Interactive Power Strategies				
	R Square	Beta	T	F	Signif F
Power-over	.09	-.19	-2.30*		
Power-to	.09	.32	3.82***	7.78	.000

*p < .05; **p < .01; ***p < .001

Table 12b

Regression of High/Low Amount of Power on the Autonomous Power Strategies

Predictor	Autonomous Strategies				
	R Square	Beta	T	F	Signif F
Power-over	.16	.30	3.84***		
Power-to	.16	.18	2.23*	15.02	.000

*p < .05; **p < .01; ***p < .001

Table 12c

Regression of High/Low Amount of Power on the Autonomous Power Strategies

Predictor	Autonomous Strategies				
	R Square	Beta	T	F	Signif F
Power Scale	.16	.40	5.46***	29.83	.000

*p < .05; **p < .01; ***p < .001

The prediction, that women with more power will use fewer strategies, was not supported. In fact, the opposite resulted. When all thirteen strategies were considered, the frequency distribution showed that most strategies were used by most participants. Strategies such as "Laissez-Fairre" or "Withdrawal" were used very rarely. For a frequency distribution see Table 13. The number of strategies used was positively correlated with the Power-over (r = .27, p = .001), the Power-to (r = .23, p = .003) and the Power Scale (r = .30, p = .000). The greater the amount of power (as measured by the power scales), the greater the number of strategies used to negotiate condom use.

Table 13

Frequency of Strategies Used by Participants

Strategy	Strategies Used		Strategies Not Used		Mean
	(n)	%	(n)	%	
Asking	131	80.4	32	19.6	11.66
Bargaining	145	87.3	19	11.4	12.20
Laissez-Fairre	7	4.2	156	94.0	5.48
Negative Affect	53	31.9	111	66.9	7.87
Persistence	104	62.7	61	36.7	10.01
Persuasion	122	73.5	43	25.9	10.85
Positive Affect	56	33.7	109	65.7	8.22
Reasoning	150	90.4	15	9.0	12.77
Stating Importance	150	90.4	14	8.4	13.05
Hinting	123	74.1	42	25.3	10.85
Talking	146	88.0	18	10.8	12.79
Telling	152	91.6	12	7.2	13.02
Withdrawal	10	6.0	155	93.4	5.25

Hypothesis 2: Participants' choice of power strategies predicts condom use

The second hypothesis predicted that women who choose direct and bilateral strategies will be more likely to use condoms, than those women who

choose indirect and unilateral strategies. When multiple regression analysis was performed to examine the relationship between the power strategies and condom use, only the Interactive strategies were found to predict condom use (see Table14). Women who chose the Interactive strategies used condoms more regularly and with higher frequency, than those who chose the Autonomous strategies.

Table 14

Regression of Power Strategies on Condom Use

Predictor	Condom Use				
	R Square	Beta	T	F	Signif F
Interactive	.05	.21	2.54*		
Autonomous	.05	.04	.48	3.42	.035

*p < .05; **p < .01; ***p < .001

When hierarchical regression analysis was performed, with power strategies entered after the Power-over scale, the Power-to scale, attitudes toward condoms, and Masculine and Feminine gender roles, condom use was not predicted. Procedure was then reversed with power strategies entered on the first step and the remaining variables entered on the second step. Again condom use was not predicted. The current study did not find support for the mediational relationship between central variables and condom use. The amount of power is the best predictor of condom use. The power strategies do not predict condom use significantly better than the amount and type of power alone.

Hypothesis 3: Attitudes toward condoms predict condom use

It was hypothesized that those participants who hold more positive attitudes toward condoms, will use condoms more regularly than those, who have less favorable attitudes. The results of the multiple regression analysis support the hypothesis (see Table 15). More positive attitudes toward condoms predict greater condom use.

Table 15

Regression of Attitudes Toward Condoms on Condom Use

Predictor	Condom Use				
	R Square	Beta	T	F	Signif F
Condom Attitudes	.19	.44	5.55***	30.83	.000

*p < .05; **p < .01; ***p < .001

Hypothesis 4: Gender roles predict power strategies used to negotiate condom use

The relationship between femininity/masculinity and power strategies was examined. "Masculine" and the "Feminine" gender roles did not significantly contribute to our understanding of the relationship between the power strategies and condom use (see Tables 16a and 16b). Multiple regression analysis showed that the Interactive power strategies were predicted by both the "Feminine" and the "Masculine" gender roles. Gender-typed women -- whether "Masculine" or "Feminine" -- tended to use the Interactive power strategies. The Autonomous

power strategies were not predicted neither by the "Feminine" nor by the "Masculine" gender roles.

It was also hypothesized that "Masculine" individuals will use fewer power strategies than "Feminine" individuals. There was a positive relationship between the number of strategies used and "Masculinity" (r = .19, p = .01), suggesting that "Masculine" participants use greater number of power strategies. The relationship between "Femininity" and power strategies was nonsignificant (r = .07, p = ns).

Table 16a

Regression of Gender Roles on Power Strategies

Predictor	Interactive Power Strategies				
	R Square	Beta	T	F	Signif F
Masculine	.16	24	3.01**		
Feminine	16	.28	3.68***	13.74	.000

*p < .05; **p < .01; ***p < .001

Table 16b

Regression of Gender Roles on Power Strategies

Predictor	Autonomous Power Strategies				
	R Square	Beta	T	F	Signif F
Masculine	.01	.06	.69		
Feminine	.01	-.11	-1.29	.95	.390

*p < .05; **p < .01; ***p < .001

Hypothesis 5: Test of the proposed model

Hierarchical multiple regression analysis was performed with the following variables entered into the analysis: Attitudes Toward Condoms, "Feminine" and

"Masculine" gender roles and the amount of power, as measured by the power scales. The test of the model shows the model to be significant, with 23% of condom use explained by this model (see Table 17). The greatest contribution (17%) comes from the attitudes toward condoms. While attitudes toward condoms are a positive predictor of condom use, the Power-over Scale is a negative predictor of condom use. The smaller the amount of power over, the greater the probability of condom use. Although power-to predicts condom use only marginally, there seems to be a positive relationship between power-to and condom use. "Masculine" and "Feminine" gender roles do not contribute.

Table 17

Regression of Attitudes Toward Condoms, Gender Roles and the Amount of Power on Condom Use

Predictor	Condom Use				
	R Square	Beta	T	F	Signif F
Con. Attitudes	.23	.39	4.68***		
Masculine	.23	-.05	-.66		
Feminine	.23	.07	.90		
Power-over	.23	-.18	-2.03*		
Power-to	.23	.15	1.67	7.32	.000

*p < 05; **p < .01; ***p < .001

Multiple regression analysis was also conducted to test the relationship between gender roles and the amount of power. There was no main effect found for "Masculine" or "Feminine" gender roles, when the relationship between the power-over and gender roles was examined (see Table 18a). When the relationship between gender roles and the power-to was examined, there was a

main effect for the "Masculine" gender roles. Participants with high "Masculinity" scores tended to receive high scores on the power-to scale (see Table 18b). When the relationship between the amount of power (as measured by the entire Power Scale) and gender roles was examined, a nonsignificant relationship was found (see Table 18c).

Table 18a

Regression of Gender Roles on Power-over

Predictor	Power-over				
	R Square	Beta	T	F	Signif F
Masculine	.00	.05	.59		
Feminine	.00	.06	.69	.51	.603

*p < .05; **p < .01; ***p < .001

Table 18b

Regression of Gender Roles on Power-to

Predictor	Power-to				
	R Square	Beta	T	F	Signif F
Masculine	.05	.17	2.09*		
Feminine	.05	-.11	1.34	3.68	.028

*p < .05; **p < .01; ***p < .001

Table 18c

Regression of Gender Roles on Power Scale

Predictor	Power Scale				
	R Square	Beta	T	F	Signif F
Masculine	.03	.12	1.50		
Feminine	.03	.09	1.17	2.19	.114

*p < .05; **p < .01; ***p < .001

Multiple regression analysis was performed to examine the relationship between gender roles and condom attitudes. Only a marginal main effect for "Masculinity" was noted, with higher "Masculinity" scores related to more positive attitudes toward condoms (see Table 19).

Table 19

Regression of Gender Roles on Attitudes Toward Condoms

Predictor	Attitudes Toward Condoms				
	R Square	Beta	T	F	Signif F
Masculine	.02	.16	1.92*		
Feminine	.02	-.01	-.14	1.84	.162

*p = .05

To examine the relationship between gender roles and the power strategies, as described in the proposed model, ANOVA was performed using dichotomous gender roles (high/low "Masculine" and high/low "Feminine") and the Interactive and the Autonomous power strategies. The results show that the Interactive power strategies are most frequently used by gender-typed women, i.e., high "Feminine" or high "Masculine" women (Table 20a). ANOVA was also done for

the Autonomous power strategies, and showed that women with high "Feminine" scores were less likely than other women to use the Autonomous power strategies (Table 20b).

Table 20a

Analysis of Variance: Interactive Power Strategies by "Masculine" and "Feminine" Gender Roles

Variable	Sum of Squares	DF	Mean Square	F	Sig F
Masculine	359.67	1	359.67	8.26**	.005
Feminine	346.19	1	346.19	7.95**	.005

*p < .05; **p < .01

Table 20b

Analysis of Variance: Autonomous Power Strategies by "Masculine" and "Feminine" Gender Roles

Variable	Sum of Squares	DF	Mean Square	F	Sig F
Masculine	5.32	1	5.32	.09	.754
Feminine	250.08	1	250.08	4.61*	.033

*p < .05; **p < .01

Relationships to be explored

It was hypothesized that structural power, defined as participants' age, ethnic background, GPA, income and the perceived level of attractiveness, are related to the amount of power participants have. This hypothesis was not supported for age, ethnic background or the perceived level of attractiveness. There was a significant negative relationship between the power-over and the

GPA (r = -.21, p = .01), suggesting that women with higher GPAs are less likely to have high power-over scores. There was also a significant negative relationship between power-to and the overall household income (r = -.17, p < .05). This relationship is puzzling, suggesting that women, whose overall household incomes are low, feel more empowered. Participants' income in addition to overall household income should be assessed in the future studies to better explain this relationship. Perhaps women who live on their own have lower household incomes but experience more control and power in their lives than women living with their parents.

When the relationship between the structural power and the power strategies used to negotiate condom use was explored, a positive relationship was found between the GPA and the Interactive power strategies (r = .22, p < .01). Women with higher GPAs favored strategies such as bargaining, reasoning, stating importance and talking. There were no significant differences among white, Black and Hispanic women in their use of the power strategies.

The relationship between the number of sexual partners the participants had, and the two power categories (power-over and power-to) was explored and yielded the following results: both the power-over and the power-to were related positively to the number of sexual partners the participants had. Women with higher power-over and power-to scores had more sexual partners.

A closer look was given to the thirteen women, who reported their chances of contracting AIDS through heterosexual relationships, as "strong" or "very strong". Seven women attended Hunter College and the remaining six were

divided among Montclair University (2), Lehman College (2) and Fordham University (2). Six women were white, three were African, two were Latina and two were Asian. All women had average to high GPA and all rated themselves as attractive. The majority of women in this group were Catholic (7), while the remaining six women indicated "other" as their religious affiliation. There were no obvious tendencies when income, the role of religion or the length of the intimate relationship were examined. Six women reported having between two and five sexual partners in the past five years, and two reported having more than five partners. The remaining women reported only one sexual partner in the past five years. Ten out of the thirteen women reported using a condom "rarely" or "never". This perhaps was the reason why these women perceived their chances of contracting AIDS as strong.

When the study sample was divided according to participants' school affiliation, there were no significant differences found among schools. On the exploratory basis, the following variables were studied to compare the four college populations: the power-over, the power-to and the overall amount of power, attitudes toward condoms, gender roles, the number and the type of power strategies used, condom use, age and the physical attractiveness.

Discussion

An important purpose of the present study was to identify relationships among the amount of power, attitudes toward condoms, gender roles, power strategies and condom use. An analytical model was proposed describing those relationships -- with the attitudes toward condoms and the gender roles predicting

the condom use directly, and the power strategies as a mediating variable between the amount of power and the dependent variable. The power strategies were also hypothesized to mediate the relationship between gender roles and condom use. The test of the model showed it to be a significant predictor of condom use. Attitudes toward condoms provided the greatest contribution (17%). The current study did not find support for the mediational relationship of power strategies between independent variables and condom use.

The present study focused on four main predictor variables, i.e., the amount of power, attitudes toward condoms, gender roles, the power strategies, and their relationship to condom use among single, heterosexual female college students. We will discuss each of them in turn.

Amount of power

Through a series of focus groups and pilot studies, and finally the culminatory study, power-over and power-to emerged as two kinds of power -- distinctive, yet related to each other. A new twenty-item scale, with ten items measuring interpersonal power-over, and ten items measuring interpersonal power-to was constructed, and its psychometric properties assessed. The Power Scale in its entirety, as well as the two subscales comprising the scale, were determined to be reasonably reliable and valid measures of power in intimate relationships. The Power-over and the Power-to subscales were significantly correlated with the Power Scale and with each other. The Power-over scale, with "power-over" defined as "...domination and control of one person or group over another person or group" (Yoder and Kahn, 1992; p.302), was found internally consistent and

valid. The Power-over scale was significantly positively correlated with the Autonomous strategy scale and with the Authoritarian scale, and negatively correlated with a structural measure of overall household income. The Power-to scale, with "power-to" defined as empowerment and personal authority, was also found to be internally consistent. The Power-to scale correlated significantly with both the Interactive and the Autonomous power strategy scales, with the Condom Attitudes scale and with the Bem Sex Role Inventory Masculinity scale.

Power and other predictor variables

Importantly, the Power-over and the Power-to scales reliably predicted the power strategies that women use in their intimate relationships. Women in the current study reported experiencing both kinds of power. Those women, who felt empowered, i.e., felt powerful as defined by the items of the Power-to scale, tended to use all available strategies to negotiate condom use. Those women who felt powerful, as defined by the items of the Power-over scale, i.e., in the position of control or authority over their partner, tended to use the Autonomous power strategies and were unlikely to use the Interactive strategies. The entire Power Scale was also a good predictor of the Autonomous strategies, but was not predictive of Interactive power strategies. Sagrestano (1992) found that the amount of power is responsible for the choice of strategies used by women in their interpersonal relationships. With power measured more accurately than in the past studies, by using the new power instrument, the present study lends support to Sagrestano's conclusions.

It was hypothesized that women who perceive themselves to be powerful would use fewer strategies to negotiate condom use than women who perceive themselves to be powerless. Contrary to this hypothesis, there was a positive relationship between scores on all power scales and the number of strategies used to negotiate condom use. In the current study, the greater the amount of power, regardless of its kind, the greater the number of strategies used. Falbo (1977), who measured power directly, found that androgynous and feminine people in her study reported using more influence strategies than masculine people did. In the present study masculinity was associated with greater number of strategies used. Power and masculine gender roles were both related to the number of strategies used. Perhaps women who see themselves as powerful are more flexible and able to employ a variety of available strategies to achieve their goals or perhaps all women, compared to men, use more strategies to negotiate issues in their relationships. The implications of these results should be explored with samples consisting of both men and women. It would be interesting to see if men on average use fewer strategies than women do or if powerful men, like powerful women, employ a greater variety of strategies than men and women with less power.

The proposed model hypothesized that there is a relationship between the amount of power and gender roles. When correlational data were examined, a positive association was found between the overall amount of power and masculinity and a marginally significant positive association was found between the

overall amount of power and femininity. Both "masculine" and "feminine" women in this study felt powerful.

When the results of multiple regression analysis were examined, a nonsignificant relationship was found between the overall amount of power and gender roles. For the power-to, the "masculine" participants were the highest scoring group. Those women then, who described themselves by using masculine adjectives, such as "self-reliant", "assertive" or "defends own beliefs", tended to experience power as self-empowering rather than as dominating.

Attitudes toward condoms and other predictor variables

As expected, there was a direct positive association between attitudes toward condoms and condom use. The more positive the attitudes that women hold toward condoms, the more likely they are to report using condoms in their past, current and future relationships. This association was also found in previous studies (Catania et al., 1989; Pleck et al., 1990, 1991; Campbell and Peplau, 1992; Geringer, Marks, Allen and Armstrong, 1993).

The relationship between attitudes toward condoms and gender roles was less clear. The "masculine" women held the most positive attitudes toward condoms. This relationship was expected, since those were the women who experienced power as defined by the power-to, i.e., personal authority and empowerment. The "gender-typed" women (high feminine/low masculine and high masculine/low feminine) were also found to have more positive attitudes toward condoms. Only the relationship between masculinity and positive attitudes was expected. It is not apparent why femininity was related to more positive attitudes

toward condoms. Perhaps those attitudes are simply a result of exposure to information about condoms. In this sample 40.4% of women reported using condoms "always" or "almost always". An additional 30.2% reported using condoms sometimes. In general then, seventy percent of the sample in this study had some exposure to and experience with using condoms. This made the sample somewhat atypical. Other studies, with more representative groups of women, need to follow to disentangle these findings. Since using the BSRI to measure gender roles in the studied sample might have created additional problems, other measures of gender roles should be considered in future studies.

Gender roles and other predictor variables

The relationship between gender roles, power strategies and condom use was also difficult to interpret. Previous studies examining strategies women use to influence others, found that the use of those strategies is determined by gender and by gender roles (Falbo, 1977, 1982; Falbo and Peplau, 1980). Gender roles have played an important role in our understanding of sexual behavior in women. Men as well as "masculine" people were found to use different strategies to negotiate various, potentially conflict situations, than women and "feminine" people. Amaro (1995) argued that gender roles play an important role in negotiating sexual practices. In a women-only focus group study, conducted by Amaro and Gornemann (1992), participants freely discussed their partners unwillingness to use condoms and their inability to effectively increase their partners' compliance, but were unable to do so in mixed-gender groups. Falbo and Peplau (1977, 1982) found that sex role typing was related to the power strategies chosen by the

participants in their studies. Other studies did not find support for gender or gender-typing differences in strategy choice (Chapman De Bro, Campbell and Peplau, 1994; Carli, 1989; Sagrestano, 1992). Clearly more studies are needed to disentangle the effects of gender, gender roles and power.

The present study examined the relationship between masculine gender roles and condom use. The relationship was nonsignificant. The characteristics of this sample may help to explain why. In the current sample, both masculine and feminine women felt powerful and both had positive attitudes toward condoms. This sample was also knowledgeable about HIV transmission and condom use. Since only reported condom use was measured, the accuracy of those reports can be questioned. Future study may include both intimate partners and comparisons between partners' responses could be made. The demand characteristics -- concerns about answering questions in a socially desirable way --, combined with the overall high level of power experienced by this group, and positive attitudes toward condoms, may also help to explain these results. Young college-age women, who feel rather powerful and open about discussing condom use with their partners do not necessarily represent other groups of women, i.e., adolescent women, minority women, or older women. Other studies, with a non-college sample and different measures of gender roles, are needed.

The measure of gender roles, one of the main predictor variables, was responsible for a number of uninterpretable results. When correlational data were examined, negative relationships were found between the androgyny scale and eight out of thirteen measures included in the present study. The highly significant

negative relationship between the androgyny scale and the masculinity scale, as well as the highly significant positive relationship between the androgyny scale and the femininity scale, were puzzling. As previously discussed, the hypothesized relationships between gender roles and the other predictor variables, and between gender roles and the dependent variable, were also difficult to interpret. These results left us questioning the choice of the Bem Sex Role Inventory (BSRI) as a tool used to assess gender roles. Perhaps a more current and a more comprehensive measure should have been used.

Gender roles and attitudes women have toward these roles are not unidimensional. All women, and especially young college women, are exposed to many messages about gender roles. These are often "mixed messages". While traditionally masculine traits, such as assertiveness, self-reliance or independence are valued by the contemporary culture, many women continue to privately value traditionally feminine traits, such as nurturing, understanding or tenderness. In addition, gender attitudes are not always consistent, i.e., "a person can be quite modern on some issues pertaining to the sexes, have a middle-of-the-road view on others, and be old-fashioned on still other gender-related topics" and therefore ascribe both masculine and feminine adjectives to herself (Ashmore, Del Boca & Bilder, 1995, p. 754). The complexity of gender roles and attitudes toward these roles might have been even greater among women participating in the present study. The sample studied here included white women from eastern European countries, Hispanic women, Black and white U.S. women and Black women from the Caribbean. In addition to assimilating and endorsing gender roles present in

the dominant American culture, these women have attitudes about gender roles characteristic of their own cultures and socio-economic status. To assess these attitudes more accurately, more comprehensive measures of gender roles are needed. Perhaps a short version of BSRI or Personal Attributes Questionnaire (PAQ) would have been more appropriate. Among the promising recent alternatives to the BSRI are Sex-Role Egalitarianism Scale (King & King, 1993), The Ambivalent Sexism Inventory (Glick & Fiske, 1996) or The Gender Attitude Inventory (Ashmore, Del Boca & Bidler, 1995).

Power strategies

The relationship between the power strategies and condom use was explored. Strategies that women use to influence their partners in interpersonal relationships, have been studied in relation to power and gender (Aida and Falbo, 1991; Sagrestano, 1992; Falbo, 1977, 1982; McCormic, 1979). The set of the thirteen power strategies, such as asking, bargaining, hinting, stating importance, telling, talking, laissez-fairre, persuading, persistence, negative affect, positive affect, reasoning and withdrawal was selected for the present study. These strategies have been tested with various populations. Falbo and Peplau's (1980) model was used to categorize the power strategies. In Falbo and Peplau's model, power strategies were categorized along two orthogonal dimensions -- directionality and laterality. Strategies such as bargaining, reasoning, persistence, persuasion and talking fell into the direct/bilateral category. Strategies such as asking, stating importance and telling fell into direct/unilateral category. Strategies such as positive affect and hinting fell into the bilateral/indirect category and

strategies such as negative affect, withdrawal and laissez-fairre fell into the unilateral/indirect category. The current study did not find support for the two-dimensional model. The thirteen power strategies that were used in this study did not arrange along the directionality and bilaterality axes and did not fall into the direct/indirect, unilateral/bilateral categories. Both the exploratory and the confirmatory factor analysis pointed to a two-factor solution, with bargaining, reasoning, stating importance and talking defining the first factor, and asking, negative affect, persistence and persuasion defining the second factor. The first factor was labeled the Interactive factor and the second factor was labeled the Autonomous1 factor. The Interactive factor consisted of three direct/bilateral strategies, i.e., bargaining, reasoning and talking and one direct/unilateral strategy, i.e. stating importance. The Autonomous factor consisted of two direct/bilateral strategies, i.e. persistence and persuasion, one direct/unilateral strategy, i.e., asking and one indirect/unilateral strategy, i.e., negative affect.

Sagrestano (1992) did not find support for the two-dimensional solution as well. In her study she identified only one dimension, which was labeled "good/bad". This dimension was not readily interpretable or similar to Falbo and Peplau's model. Strategies were arranged along the dimension from "good strategies" to "bad strategies" in the following order: persuading, talking, reasoning, asking, persisting, stating importance, positive affect, hinting, telling, laissez-fairre, bargaining, negative affect and withdrawal. In other studies, influence strategies have been categorized as direct/indirect, personal/concrete,

competent/helpless masculine/feminine or strong/weak (Johnson, 1978; McCormic,1977; Carli, 1989; Chapma n de Bro et. al., 1994).

In labeling the strategies in the current study it was important to refrain from such judgement-carying labels as "good/bad", "masculine/feminine" or "strong/weak". When the initial labeling attempt was made in the present study, Falbo and Peplau's strategy labels, rather than the definitions of strategies, were used. This attempt proved challenging since the strategies did not seem to fit together. When the definitions of strategies, rather than their labels were examined, strategies comprising factor one and factor two clearly belonged together. For example, factor one labeled the Interactive factor consisted of strategies defined as "I try to negotiate and compromise" (bargaining), "I try to discuss the issue rationally" (reasoning), "I tell my partner how important it is to me" (stating importance) and "I try to talk about it and discuss our needs and differences" (talking). Mutuality, exchange and rationality underlined this factor. Factor two, labeled the Autonomous factor, consisted of strategies defined as "I ask my partner to do what I want" (asking), "I sulk, refuse to talk to him or act cold toward my partner" (negative affect), "I keep reminding him what I want until my partner gives in" (persistence) and "I try to convince my partner that my way is right" (persuasion). Unilaterality and irrationality underlined the second factor. At times Falbo and Peplau's labels clearly do not fit the actual items. Perhaps re-labeling some of the strategies for future research projects might help to further clarify and categorize the influence strategies. In the present study most strategies were used by most women. Only two strategies, "laissez-fairre" and "withdrawal"

were not reportedly used (4.2% and 6.0% respectively). The variability in the strategy choice may be attributed to a number of factors. In this study, participants were asked to rate the likelihood of choosing each strategy, using a five point Likert-type scale. In Aida and Falbo's (1991) study, for example, respondents were asked to indicate how often they used each strategy. Asking women to indicate a specific frequency, rather than the likelihood of strategy use, could have been more effective. People tend to give more accurate answers to questions assessing frequency of behavior and tend to give less accurate accounts when likelihood of behavior is assessed.

Adopting Falbo and Peplau's definitions of strategies was also problematic because each strategy was described with only one short statement, i.e., "positive affect" was defined as "I become extremely pleasant, cheerful and smile a lot", negative affect was defined as "I pout or threaten to cry if I don't get my way" and "withdrawal" was defined as "I ignore my partner or don't listen to his side". More comprehensive descriptions of strategies, with each strategy described by multiple statements are clearly needed. In addition, social desirability concerns might have prevented women from admitting to using such strategies as "laissez-faire" or "withdrawal", particularly as operationally defined in this study. Describing each strategy with more than one statement or adopting Sagrestano's (1992) definitions, which were more general and used fewer negative adjectives, might have helped to reduce the effects of social desirability. Perhaps providing women with a more comprehensive list of influence strategies, especially "weak" or "negative" strategies, would have helped to assess those strategies better.

The effects of situations on strategy choices were examined in the current study. Although the choice of strategies was influenced by situation, the effect was small. Participants in this study tended to choose the same strategies across all situations: "encourage partner to use a condom", "discourage partner to use a condom" and "negotiate time spend together". The third situation, not related to the dependent variable, was chosen for comparison purposes. De Bro, Campbell and Peplau (1994) examined influence strategies heterosexual adults use to persuade a new sexual partner to use or avoid the use of condoms. De Bro et. al. concluded that influence strategies are context-specific and need to be always studied with that context in mind. Their strategies were based on influence categories devised by McCormick (1979) and Raven (1992), and therefore differed from categories used in the present study . In addition, De Bro et. al.'s sample included both men and women, and allowed for gender comparisons. The differences between strategies were gender specific. De Bro et. al. found that there was a difference in the choice of strategies based on the goals to encourage or to avoid condom use, i.e., "...strategies employed to persuade a partner to use a condom were linked to women, and strategies employed to avoid condom use were linked to men" (p.178). Since only women's influence strategies were examined in my study, the gender comparisons could not be made. De Bro et. al. study did not, however, provide a variety of situations to further illustrate the context-specificity of strategy choices. Such a variety was implemented by Aida and Falbo (1991) in their study of power strategies and marital satisfaction. Five hypothetical conflict situations were employed in this study. Scores for each

power strategy were derived by summing up across the five situations and between-situation comparisons were not made. It is therefore impossible to conclude whether the choice of power strategies was context-specific. It is important to continue investigating how different situations and power strategies relate to each other to better understand the role each plays in interpersonal relationships. More studies, which examine a variety of conflict situations with both intimate partners, are needed. Such studies can compare the choices of strategies that intimate partners make in various situations. A more comprehensive list of situations and strategies can be generated in pilot studies of intimate partners from different ethnic, cultural and age groups.

Researchers frequently ask participants to imagine situations and base their responses on those hypothetical situations (Aida and Falbo, 1991; Chapman et. al., 1994; McCormick,1979; Sagrestano, 1992). In this study, an attempt was made to examine possible differences in strategy choice between those participants who described "real" situations and those who described "imagined" situations. In the majority of cases, participants' choice of power strategies did not differ. The first situation, i.e., "encourage partner to use a condom" consisted of groups almost evenly represented, with 38.6% of women describing the situation as "real" and 48.2% of women describing it as "imagined". The second situation, i.e.,"encourage partner not to use a condom" was mostly "imagined", with 70.5% describing it as "imagined" and 15.7% describing it as "real", and the third situation, i.e., "disagreement about the amount of time spend together" was mostly "real" (76.5% described it as "real" and 90% described it as "imagined"). Since

the differences between the "real" and the "imagined" groups of women in choice of power strategies were negligible, it appears that college women in this study were able to respond equally well to the "real" and to the "imagined" scenarios.

Summary and conclusions

The results of the current study provide preliminary understanding of some of the factors that might be linked to power in intimate relationships. Despite the problems frequently associated with studying college samples, the new power measure developed for the present study predicted condom use and may be predictive of other aspects of interpersonal relationships. Although this study focused on condom use as the dependent variable, other variables need to be examined. Condom use is multiply determined and therefore difficult to measure. There is a way in which condom use is a particularly tough test of the analytic model and the dependent variable, because it is less under the control of women than many other relationship variables. It is also difficult to measure because of problems with validating self-reported condom use generated by the participants. Other studies looked at condom use by examining such variables as: influence strategies to encourage or discourage condom use, risk-taking, worry about contracting sexually transmitted diseases, attitudes toward condoms, double standards, number of sexual partners, social responsibility and a variety of other variables related to condom use. Many models assume that sexual behaviors, such as condom use, are controlled by each individual and initiated under their control. "For women, this often means that sexual behavior occurs in the context of unequal power and in a context that socializes women to be passive sexually and in

other ways. Yet, none of the behavior models used to study HIV risk behaviors explicitly includes gender dynamics (e.g. power in relationships...) as factors that affect sexual behavior directly" (Amaro, 1995; p. 440). Since condom use is very interactional, i.e., women may discuss condoms with their partners, but men ultimately make the decision about wearing a condom, other dependent variables, which are more mutually determined, should be studied. Among these variables are career choices, decisions about where to live, decisions about finances or other aspects of couple's sexuality. i.e., frequency of sexual intercourse or whether or not to have children. In addition, the present study assumed that women want to use condoms. Previous research indicated that women are generally condom-friendly and tend to buy condoms more frequently than men do. Although this assumption was valid, a direct question asking women to indicate their willingness to use condoms in their relationships could have been helpful. A number of researchers see empowerment as a central focus in better understanding difficulties women have in making decisions about their sexuality (Levine, Britton, James, et. al. 1993; Amaro, 1995). The power-to scale can aid in measuring the degree of personal control and positive feelings women have about themselves.

The present study examined the influence strategies used by women in relation to gender roles and in relation to the amount of power participants had. The power scales developed and tested in this study, contributed significantly to a better understanding of these relationships. Sagrestano (1992) argued that the amount of power rather than gender determines which power strategies are used. In her study "bad" strategies, such as "negative affect" or "hinting", were used

when the participants had less power than their partners and "good" strategies, such as "reasoning" or "stating importance" were used in the "equivalent power" condition or when the participants had more power than their partners. Other researchers found that people in the position of weakness tend to rely on weak strategies, while people with more power rely on stronger strategies (Aida and Falbo, 1991; Falbo and Peplau, 1980). This study goes beyond defining and measuring power with one or two general statements, and firmly differentiates between two kinds of power: the power-over and the power-to. The power-over, associated with control over another person, ability to make decisions about someone else's life and getting others to see one's point of view, and the power-to, associated with sharing of power to enhance feelings of self-competence and empowerment, become predictors of influence strategies in interpersonal relationships. The relationship between power and influence strategies can shed some light on the limited success of education where condom use is concerned. Educating women about means of HIV infection and protection from HIV is clearly not enough. Perhaps educational programs should include discussion of influence strategies, i.e., which strategies relate to successful condom use negotiations. Assessing power in close relationships can help to understand how power imbalance can prevent women from successfully negotiating condom use and other issues in those relationships.

The results of this study can not be readily generalized. Among issues that might have had an impact on the results were the choice of participants and measures, and the complete reliance on a self-reporting procedure of one

individual in a single relationship. Women who participated in this study were young and homogenous with respect to age, GPA, income, the region of the country they resided in and self-reports of attractiveness. Their reports might have been affected by demand characteristics, since two out of three situations addressed intimate interpersonal behaviors. Future studies should include both partners to decrease the influence of self-presentational variables. The strategy measure was faulty and its shortcomings were discussed earlier. In addition, the participants might have not been aware of all strategies they use and reported strategies they believe are best to use. Since I did not interview these women's partners, it is impossible to assess the accuracy of their statements. Although the choice of measures included in the study was a difficult one, some measures did not contribute as well as expected. Measures assessing self-efficacy, attitudes toward sexuality, risk-taking or a general measure of worry could have helped to further validate the power scales. More current measures of gender roles and authoritarianism should have been included. Although a measure of social desirability (Marlowe-Crowne Personal Reaction Inventory) was included, the results were uninterpretable. Some such measure is however necessary, especially to examine issues that may appear socially undesirable.

Despite these concerns, the present study is informative about the relationship between power, power strategies, gender roles, attitudes toward condoms and condom use. Although the proposed model was not a mediational model, it helped to outline the relationships among the hypothesized variables. The major weakness lay in the choice of gender roles and power strategy

measures. With better measures the mediational relationship might have been found. Despite the problems associated with influence strategies, the Interactive and Autonomous categories constitute a potentially exciting and important finding. Interactive strategies are clearly a more beneficial way of communicating. The relationship between empowerment, Interactive strategies and attainment of goals in a variety of interpersonal relationships and situations needs to be examined closely.

The Power Scale is the most noteworthy contribution. We hope our findings are useful to those investigators interested in understanding the role of power in intimate relationships. The distinction between power-to and power-over is helpful in addressing questions such as: are women interested in the same power than men are, is power-to only a female experience, or is power in intimate relationship a function of gender and gender roles? As discussed earlier, since to some degree power varies with context, the power measure can be used in many settings. In addition to the previously discussed situations, the power scale can be used to better understand codependence, helplessness or even domestic violence. The Power Scale can be used in a variety of romantic and other close relationships. Since the early instrument included many more items assessing power, other versions of the scale could be developed. For example, substituting those items that can only be used to measure power in intimate relationships with more general items, assessing power in other close relationships, may help to develop a power scale with a greater range of applications. Current findings suggest that researchers interested in understanding the complexity of intimate relationships

should use the power measures to establish the balance of power in these relationships and its relation to other variables.

Appendix A

Questionnaire

ID# _____

PARTICIPANT CONSENT FORM

This study is being conducted by Bozena T. Mazurek, a doctoral candidate at CUNY Graduate Center and under the supervision of Professor Vita Rabinowitz of Hunter College. This is a survey study of women's thoughts and beliefs about intimate relationships and personal behaviors concerning these relationships.

You will be asked to complete a variety of questionnaires included in this packet. Your responses will be held in the strictest confidence. Your name will not appear on any materials--a randomly assigned ID# will be used to match your different questionnaire materials. Data will be grouped for analyses and only grouped information will be presented. The Informed Consent Form is not attached to the packet and will be stored separately.

I have read the description of the study. I understand the basic purpose of the study and I agree to participate. I also understand that my participation is voluntary and that I may withdraw from the study at any time I wish to do so. I understand that my responses will be confidential and that my name will not appear on any of the questionnaire materials.

_____

Signature Date

_____

Print Name

Instructions to Prospective Research Participants:

This is a study of how women view power in their intimate relationships. We will ask you to candidly answer questions about your thoughts and beliefs on this topic, as well as questions about some personal, intimate behaviors.

You will be handed a questionnaire packet containing a variety of questionnaires related to this issue. Prior to answering any questions, please read and sign your Informed Consent Form. This study is completely **anonymous and confidential**. Please don't write your name anywhere on the questionnaire packet. As you can see, the consent form is not attached to the rest of the packet, and will be filed separately from other materials. Your participation is voluntary and you may withdraw from the study at any time.

Please make sure you answer every question. It is important that you don't miss any questions. You may go over your questionnaire at the end of the session to make sure that you did not miss any questions. Please answer as honestly as you can.

Although we believe that it should not take you more than an hour to complete the entire packet, you may take a few additional minutes if you need to do so.

After you complete your questionnaire packet, please feel free to ask questions about the study. I will be glad to answer your questions or arrange time to do so. At the end of the semester I will have a written sheet describing the variables that I'm interested in, in greater detail. I have prepared a list of names, phone numbers and addressees of counseling resources to help answer any HIV--related questions and concerns. Please make sure you take a copy with you.

Thank you very much for participating in this study.

Bozena Mazurek, Principal Researcher
(914) 669-8358

ID# _____

Questionnaire Packet

This packet contains different survey forms. They include items about your ideas and opinions about AIDS, personal believes and attitudes, condom use, male and female roles and related issues.

DO NOT WRITE YOUR NAME ANYWHERE IN THE BOOKLET.
YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL.

We hope that you will respond honestly to each item. Please help us by answering ALL of the items.

After you finish the survey, please hand it back to the researcher.

If you have any questions, please contact:

Bozena T. Mazurek
914- 669-8358

ID# _____

Intimate Relationships Inventory: We are interested in power in intimate heterosexual relationships. Most people, especially women, do not think of power in the context of intimate relationships. Dictionaries define power as ability, strength or authority. Power is frequently understood as the ability of one person to control or dominate another person. But power can also be perceived as the ability of one person to cause change in one's own or another person's behavior. Some people define power as personal responsibility, personal empowerment or self- reflection (the ability to make conscious choices about one's life).

The following statements have been offered in psychological research as women's sources of power. Think about your current or most recent intimate relationship, while rating these statements. Remember that first response is the best response. Make sure that you rate each statement. If a statement does not apply (event or circumstance did not occur in your intimate relationship), imagine how important a source of power it would be if it were true for your intimate relationship, and than rate the statement using the same scale. Indicate your agreement or disagreement with each statement by circling the level that best describes your sense of power in your relationship.

Circle 1 if you strongly disagree with the item
Circle 2 if you somewhat disagree with the item
Circle 3 if you somewhat agree with the item
Circle 4 if you strongly agree with the item

1	2	3	4	Being in a position of authority in my relationship makes me feel powerful
1	2	3	4	I feel powerful when I'm able to sexually please my partner
1	2	3	4	Being more successful than my partner makes me feel powerful
1	2	3	4	To be myself in my relationship makes me feel powerful
1	2	3	4	I feel powerful when I'm more intelligent than my partner
1	2	3	4	Communicating well with my partner makes me feel powerful
1	2	3	4	Deceiving my partner makes me feel powerful
1	2	3	4	Buying condoms makes me feel powerful
1	2	3	4	Being more knowledgeable than my partner makes me feel powerful
1	2	3	4	I feel powerful when my partner respects my sexual wishes
1	2	3	4	I feel powerful when my partner does not use a condom because of my request
1	2	3	4	Being sexually assertive makes me feel powerful
1	2	3	4	I feel powerful when I do risky things
1	2	3	4	Certain sexual positions make me feel powerful
1	2	3	4	To be able to influence my partner without hisknowledge, makes me feel powerful

1	2	3	4	I feel powerful when I care for or nurture my partner
1	2	3	4	I feel powerful when I can dominate my partner
1	2	3	4	Thinking positively makes me feel powerful
1	2	3	4	Being in control of my own behavior makes me feel powerful
1	2	3	4	I feel powerful when I'm able to seduce my partner

Interpersonal Situations Scale: There are a number of times when couples do not agree about matters that affect both partners. In some of these situations, disagreements are minor, such as deciding what movie to see. Other situations involve more important issues.

Listed below are numerous ways people behave when trying to get their partners to do what they want during disagreements or when they are trying to win an argument. For each of the situations described below, having your most current or recent intimate relationship in mind, indicate how likely you are to engage in each specific behavior. Circle the appropriate number on the scale from 1 to 5. Remember it is important that you respond honestly, not as you think you should behave, but as you actually behave.

Situation one: You and your partner disagree about using a condom -- you want your partner to use a condom and he does not want to do so. (If you and your sexual partner have never disagreed about using a condom, imagine a situation where you would have such a disagreement and answer the following questions):

Are you describing a real situation (similar to one that has already happened to you) or imagined situation (what you think you would do if you were in that situation)? Circle one:

REAL SITUATION	or	IMAGINED SITUATION

Circle 1 if this behavior is not at all likely
Circle 2 if this behavior is not very likely
Circle 3 if you are not sure
Circle 4 if this behavior is somewhat likely
Circle 5 if this behavior is very likely

1	2	3	4	5	I ask my partner to do what I want
1	2	3	4	5	I try to negotiate and compromise
1	2	3	4	5	I don't care either way
1	2	3	4	5	I sulk, refuse to talk to him, or act cold toward my partner
1	2	3	4	5	I keep reminding him what I want until my partner gives in
1	2	3	4	5	I try to convince my partner that my way is right

ID# _____

1	2	3	4	5	I become extremely pleasant, cheerful and smile a lot
1	2	3	4	5	I try to discuss the issue rationally
1	2	3	4	5	I tell my partner how important it is to me
1	2	3	4	5	I drop hints about what I want
1	2	3	4	5	I try to talk about it and discuss our needs and differences
1	2	3	4	5	I tell my partner what I want
1	2	3	4	5	I ignore my partner or don't listen to his side

In the space below, please list other strategies you use to influence your partner to use a condom:

_____

_____

_____

_____

_____

ID# _____

Situation two: You and your partner disagree about using a condom -- you don't want to use a condom and your partner wants to do so. (If you and your sexual partner have never disagreed about using a condom, imagine a situation where you would have such a disagreement and answer the following questions):

Are you describing a real situation (similar to one that has already happened to you) or imagined situation (what you think you would do if you were in that situation)? Circle one:

REAL SITUATION or IMAGINED SITUATION

Circle 1 if this behavior is not at all likely
Circle 2 if this behavior is not very likely
Circle 3 if you are not sure
Circle 4 if this behavior is somewhat likely
Circle 5 if this behavior is very likely

1	2	3	4	5	I ask my partner to do what I want
1	2	3	4	5	I try to negotiate and compromise
1	2	3	4	5	I don't care either way
1	2	3	4	5	I sulk, refuse to talk to him, or act cold toward my partner
1	2	3	4	5	I keep reminding him what I want until my partner gives in
1	2	3	4	5	I try to convince my partner that my way is right
1	2	3	4	5	I become extremely pleasant, cheerful and smile a lot
1	2	3	4	5	I try to discuss the issue rationally
1	2	3	4	5	I tell my partner how important it is to me
1	2	3	4	5	I drop hints about what I want
1	2	3	4	5	I try to talk about it and discuss our needs and differences
1	2	3	4	5	I tell my partner what I want
1	2	3	4	5	I ignore my partner or don't listen to his side

In the space below, please list other strategies you use to influence your partner not to use a condom:

_____

_____

_____

ID# _____

Situation three: You and your partner disagree about the amount of time you spend together. (If you and your sexual partner have never disagreed about the amount of time you spend together, imagine a situation where you would have such a disagreement and answer the following questions):

Are you describing a real situation (similar to one that has already happened to you) or imagined situation (what you think you would do if you were in that situation)? Circle one:

REAL SITUATION or IMAGINED SITUATION

Circle 1 if this behavior is not at all likely
Circle 2 if this behavior is not very likely
Circle 3 if you are not sure
Circle 4 if this behavior is somewhat likely
Circle 5 if this behavior is very likely

1	2	3	4	5	I ask my partner to do what I want
1	2	3	4	5	I try to negotiate and compromise
1	2	3	4	5	I don't care either way
1	2	3	4	5	I sulk, refuse to talk to him, or act cold toward my partner
1	2	3	4	5	I keep reminding him what I want until my partner gives in
1	2	3	4	5	I try to convince my partner that my way is right
1	2	3	4	5	I become extremely pleasant, cheerful and smile a lot
1	2	3	4	5	I try to discuss the issue rationally
1	2	3	4	5	I tell my partner how important it is to me
1	2	3	4	5	I drop hints about what I want
1	2	3	4	5	I try to talk about it and discuss our needs and differences
1	2	3	4	5	I tell my partner what I want
1	2	3	4	5	I ignore my partner or don't listen to his side

In the space below, please list other strategies you use to influence your partner to agree on the amount of time you spend together:

_____

_____

ID# _____

Condom Attitudes Scale: People have different beliefs and attitudes about condoms. Please circle the number that best describes your agreement or disagreement with each item.

Circle 1 if you strongly disagree with the item
Circle 2 if you somewhat disagree with the item
Circle 3 if you neither agree nor disagree with the item
Circle 4 if you somewhat agree with the item
Circle 5 if you strongly agree with the item

1	2	3	4	5	Condoms are easy to obtain
1	2	3	4	5	Condoms are expensive
1	2	3	4	5	An advantage of condoms is that you don't need a prescription from a physician
1	2	3	4	5	It would be embarrassing to be seen buying condoms in a store
1	2	3	4	5	Modern condoms are reasonably comfortable for the man to wear
1	2	3	4	5	Condoms are messy and awkward to dispose of
1	2	3	4	5	Condoms are convenient and easy to carry
1	2	3	4	5	Condoms are difficult for a man to wear
1	2	3	4	5	The use of a condom is an effective method of birth control
1	2	3	4	5	Condoms are not effective because they often break easily
1	2	3	4	5	The use of a condom is a good way to prevent sexually transmitted diseases
1	2	3	4	5	Condoms do not offer reliable protection
1	2	3	4	5	Discussing the use of a condom with a partner can improve communication
1	2	3	4	5	The use of a condom may be embarrassing to me or to my partner
1	2	3	4	5	The peace of mind gained from using a condom can improve a sexual relationship
1	2	3	4	5	Interrupting lovemaking to use a condom spoils the mood
1	2	3	4	5	A problem with condoms is that they reduce sexual stimulation
1	2	3	4	5	The use of a condom can enhance sexual pleasure for both myself and my partner
1	2	3	4	5	Sex doesn't feel as natural with a condom
1	2	3	4	5	The thinking ahead that is needed when using a condom adds excitement to lovemaking

1	2	3	4	5	Use of condoms violates my religious beliefs
1	2	3	4	5	Since the AIDS epidemic, more dating couples are using condoms
1	2	3	4	5	Using a condom can be fun for both partners when the woman puts a condom on the man's penis
1	2	3	4	5	Suggesting the use of a condom might offend a partner by implying that he has a sexually-transmitted disease
1	2	3	4	5	Today hardly any dating couples use condoms

ID# _____

Condom Use Measure: On a 5-point scale indicate the frequency of condom use in your current (or most recent) intimate relationship, in your past relationships (on average) and your intents to use condoms in your future intimate relationships.

1. In your current (or most recent) relationship:

Circle 1	if	you never use condoms
Circle 2	if	you rarely use condoms
Circle 3	if	you sometimes use condoms
Circle 4	if	you almost always use condoms
Circle 5	if	you always use condoms

1 2 3 4 5

2. In your past relationships (on average):

Circle 1	if	you never used condoms
Circle 2	if	you rarely used condoms
Circle 3	if	you sometimes used condoms
Circle 4	if	you almost always used condoms
Circle 5	if	you always used condoms

1 2 3 4 5

3. In your future relationships:

Circle 1	if	you never intend to use condoms
Circle 2	if	you rarely intend to use condoms
Circle 3	if	you sometimes intend to use condoms
Circle 4	if	you almost always intend to use condoms
Circle 5	if	you always intend to use condoms

1 2 3 4 5

4. How often do you buy condoms? _____

5. What brand(s) of condoms do you buy most frequently?

_____

_____

ID# _____

AIDS Questionnaire: Scientists believe that certain actions or behaviors are likely to spread AIDS from one person to another. From what you have heard, how likely do you think it is that each of the following could spread AIDS?

Please circle one number to rate each action:

Circle 1 if this action is not at all likely to spread AIDS
Circle 2 if it is not very likely to spread AIDS
Circle 3 if you are not sure
Circle 4 if this action is somewhat likely to spread AIDS
Circle 5 if it is very likely to spread AIDS

1	2	3	4	5	Shaking hands with a person with AIDS
1	2	3	4	5	Using a public telephone
1	2	3	4	5	Sharing a drinking glass
1	2	3	4	5	During sex, having a man's semen (sperm/cum) enter one's body
1	2	3	4	5	Being bitten by a mosquito
1	2	3	4	5	Eating food in a restaurant
1	2	3	4	5	Being in a place where person's with AIDS gather
1	2	3	4	5	Sharing a hypodermic needle ("works")
1	2	3	4	5	Using a public toilet
1	2	3	4	5	Being a blood donor
1	2	3	4	5	Having sexual intercourse while using a condom
1	2	3	4	5	Standing near a person with AIDS who is coughing or sneezing

ID#_____

Self-description Inventory: Indicate on a scale of 1-7 how well each of the following characteristics describes you using the following scale:

Circle 1 if this characteristic is never or almost never true
Circle 2 if this characteristic is usually not true
Circle 3 if this characteristic is sometimes but infrequently true
Circle 4 if this characteristic is occasionally true
Circle 5 if this characteristic is often true
Circle 6 if this characteristic is usually true
Circle 7 if this characteristic is always or almost always true

_____ 1.	self-reliant	_____ 31.	makes decisions easily
_____ 2.	Yielding	_____ 32.	compassionate
_____ 3.	Helpful	_____ 33.	sincere
_____ 4.	defends own beliefs	_____ 34.	self-sufficient
_____ 5.	Cheerful	_____ 35.	eager to soothe hurt feelings
_____ 6.	Moody	_____ 36.	conceited
_____ 7.	Independent	_____ 37.	dominant
_____ 8.	Shy	_____ 38.	soft spoken
_____ 9.	Conscientious	_____ 39.	likable
_____ 10.	Athletic	_____ 40.	masculine
_____ 11.	Affectionate	_____ 41.	warm
_____ 12.	Theatrical	_____ 42.	solemn
_____ 13.	Assertive	_____ 43.	willing to take a stand
_____ 14.	Flatterable	_____ 44.	tender
_____ 15.	Happy	_____ 45.	friendly
_____ 16.	strong personality	_____ 46.	aggressive
_____ 17.	Loyal	_____ 47.	gullible
_____ 18.	Unpredictable	_____ 48.	inefficient
_____ 19.	Forceful	_____ 49.	acts as a leader
_____ 20.	Feminine	_____ 50.	childlike
_____ 21.	Reliable	_____ 51.	adaptable
_____ 22.	Analytical	_____ 52.	individualistic
_____ 23.	Sympathetic	_____ 53.	does not use harsh language
_____ 24.	Jealous	_____ 54.	unsystematic
_____ 25.	has leadership abilities	_____ 55.	competitive
_____ 26.	sensitive to needs of others	_____ 56.	loves children
_____ 27.	Truthful	_____ 57.	tactful
_____ 28.	willing to take risks	_____ 58.	ambitious
_____ 29.	Understanding	_____ 59.	gentle
_____ 30	secretive	_____ 60.	conventional

ID#_____

Paulhus Scale: Please indicate your agreement or disagreement with the following statements:

Circle 1 if	you strongly disagree with the statement
Circle 2 if	you disagree with the statement
Circle 3 if	you somewhat disagree with the item
Circle 4 if	you neither agree nor disagree with a statement
Circle 5 if	you somewhat agree with the statement
Circle 6 if	you agree with a statement
Circle 7 if	you strongly agree with the statement

1	2	3	4	5	6	7	When I get what I want it's usually because I worked hard for it
1	2	3	4	5	6	7	When I make plans, I am almost certain to make them work
1	2	3	4	5	6	7	I prefer games involving some lack over games requiring pure skill
1	2	3	4	5	6	7	I can learn almost anything if I set my mind to it
1	2	3	4	5	6	7	I My major accomplishments are entirely due to my hard work and ability
1	2	3	4	5	6	7	I usually don't set goals because I have a hard time following through on them
1	2	3	4	5	6	7	Competition discourages excellence
1	2	3	4	5	6	7	Often people get ahead just by being lucky
1	2	3	4	5	6	7	On any sort of exam or competition I like to know how well I do relative to everyone else
1	2	3	4	5	6	7	It's pointless to keep working on something that's too difficult for me

ID#_____

Adorno Scale: Please use the following scale to indicate how well each item describes you.

Circle 1 if you strongly disagree with the item
Circle 2 if you somewhat disagree with the item
Circle 3 if you neither agree nor disagree with the item
Circle 4 if you somewhat agree with the item
Circle 5 if you strongly agree with the item

1	2	3	4	5	Obedience and respect for authority are the most important virtues children should learn
1	2	3	4	5	Human nature being what it is, there will always be war and conflict
1	2	3	4	5	When a person has a problem or worry, it's best not to think about and to keep busy with more cheerful things instead
1	2	3	4	5	A person who has bad manners, habits, and breeding can't expect to get along with decent people
1	2	3	4	5	What young people need most is strict discipline, rugged determination, and the will to work and fight for family and country
1	2	3	4	5	People can be divided into two distinct classes: the weak and the strong
1	2	3	4	5	There is hardly anything lower than a person who doesn't feel a great love , gratitude and respect for her or his parents
1	2	3	4	5	Wars and social troubles may someday be ended by an earthquake or flood that will destroy the whole world
1	2	3	4	5	Most of our social problems would be solved if we could somehow get rid of the immoral, crooked, and feeble-minded people
1	2	3	4	5	The businessperson and manufacturer are much more important to society than the artist and the professor
1	2	3	4	5	Familiarity breeds contempt
1	2	3	4	5	Nowadays when so many different kinds of people move around and mix together so much, a person must be especially careful to protect against catching a disease or infection from them
1	2	3	4	5	Young people sometimes get rebellious ideas but as they grow up they ought to get over them and settle down

ID#_____

Rosenberg Scale: Please use the following scale to indicate how well each item describes you.

Circle 1 if you strongly disagree with the item

Circle 2 if you disagree with the item

Circle 3 if you agree with the item

Circle 4 if you strongly agree with the item

1	2	3	4	I feel that I'm a person of worth, at least on an equal plane with others
1	2	3	4	I wish I could have more respect for myself
1	2	3	4	I feel I have a number of good qualities
1	2	3	4	I feel I do not have much to be proud of
1	2	3	4	On the whole, I'm satisfied with myself
1	2	3	4	I certainly feel useless at times
1	2	3	4	I am able to do things as well as most other people
1	2	3	4	At times I think I'm not good at all
1	2	3	4	I take a positive attitude toward myself
1	2	3	4	All in all, I'm inclined to feel that I am a failure

ID# _____

PERSONAL REACTION INVENTORY: Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether this statement is true or false as it pertains to you personally. Circle "T" if you believe the statement is true or "F" if you believe the statement is false.

T F Before voting I thoroughly investigate the qualifications of all the candidates

T F I never hesitate to go out of my way to help someone in trouble

T F Is sometimes hard for me to go on with my work if I am not encouraged

T F I have never intensely disliked anyone

T F On occasion I have had doubts about my ability to succeed in life

T F I sometimes feel resentful when I don't get my way

T F I'm always careful about my manner of dress

T F My table manners at home are as good as when I eat out in a restaurant

T F If I could get into a movie without paying and be sure I was not seen, I would probably do it

T F On a few occasions, I have given up doing something because I thought too little of my ability

T F I like to gossip at times

T F There have been times when I felt like rebelling against people in authority even though I knew they were right

T F No matter who I am talking to, I'm always a good listener

T F I can remember "playing sick" to get out of something

T F There have been occasions when I took advantage of someone

T F I'm always willing to admit it when I make a mistake

T F I always try to practice what I preach

T F I don't find it particularly difficult to get along with loud mouthed, obnoxious people

T F I sometimes try to get even, rather than forgive and forget

T F When I don't know something I don't at all mind admitting it

T F I'm always courteous, even to people who are disagreeable

T F At times I have really insisted on having things my own way

T F There have been occasions when I feel like smashing things

T F I would never think of letting someone else be punished for my wrongdoing

T F I never resent being asked to return a favor

T F I have never been irked when people expressed ideas very different from my own

T F I never make a long trip without checking the safety of my car

T F There have been times when I was quite jealous of the good fortune of others

T F I have almost never felt the urge to tell someone off

T F I am sometimes irritated by people who ask favors of me

T F I have never felt that I was punished without a cause

T F I sometimes think when people have a misfortune they only got what they deserved

T F I have never deliberately said something that hurt someone's feeling

ID# _____

Background Information

1. What is your age? _____

2. What is your race/ethnic background?

_____ Hispanic/Latin
_____ Asian
_____ Pacific Islander
_____ White/Caucasian (non-Hispanic)
_____ African American
_____ Caribbean American
_____ Native American
_____ other (specify)

3. What is your religious affiliation?

_____ Catholic
_____ Protestant (specify denomination)
_____ Jewish
_____ Agnostic
_____ other (specify)

4. What role does religion play in your life?

_____ very important role
_____ important role
_____ somewhat important role
_____ somewhat unimportant
_____ rather unimportant role
_____ completely unimportant role

5. How often do you attend religious services?

_____ at least once each week
_____ about once each month
_____ a few times each year
_____ rarely or never

6. How often do you pray?
_____ at least once a day
_____ at least once a week
_____ about once each month
_____ a few times each year
_____ rarely or never

7. What is the highest educational level you completed? (check one)
_____ some high school
_____ high school
_____ some college
_____ college graduate
_____ other (specify)

ID# _____

8. What is your grade point average? _____

9. What is your overall household income?

_____ below $20,000
_____ $20,000 to $40,000
_____ $40,000 to $60,000
_____ $60,000 to $80,000
_____ more than $80,000

10. On a scale from 1 to 10, with 1-being "unattractive", 5-being "average" and 10-being "very attractive", how would you rate your physical attractiveness? (Circle one)

1----2----3-----4----5-----6-----7------8------9-----10

11. Have you been sexually active in the past five years?

_____ Yes _____ No

12. How many sexual partners did you have in the past 5 years?

_____ 0
_____ 1
_____ 2 to 5
_____ more than 5

13. Responding to the questionnaire materials, did you base your responses on current or recent intimate relationship?

_____ current _____ recent

14. If you are not currently involved in a sexual relationship, when was your last sexual relationship?

_____ specify year

15. Specify length of your relationship _____

16. What do you think your chances of contracting AIDS through sexual intercourse are? (check one)

_____ very strong
_____ strong
_____ some chance
_____ not much chance
_____ no chance at all

Appendix B

Focus Groups Interview Questions

Focus groups interview questions

Narrative: We are interested in how women define power in their intimate relationships. We are inviting young women to share their ideas and opinions about how they understand and use power in their intimate relationships. If you are currently in an intimate sexual relationship, I would like you to think about that relationship and then respond to our questions. If you are currently not in an intimate sexual relationship, please think about your most recent sexual relationship and base your responses on that relationship.

Questions:

1. Let's talk about power in intimate relationships. When do you feel powerful in your relationship? (Describe those areas in your relationship where you feel powerful).

2. Some of you mentioned _____(situation). Let's talk about that. What comes to mind when you think about _____ (situation) as a source of power? (Do all of you feel the same way)? *Focus group leader will repeat question =2 for all other key situations named by participants. If not enough situations were mentioned, ask group participants to generate more situations.* (What other situations/areas come to mind)?

3. Think back to the last situation. Describe your thoughts and your feelings in that situations. (What exactly was it that made you feel powerful? Did you feel you were in control of your own or your partner's feelings or behavior)?

4. Sexual behaviors are an important part of intimate relationships. We can feel powerful or powerless when it comes to sexual intimacy. Thinking about sexual behavior now, describe those situations that made you feel powerful. How did they make you feel powerful?

5. Lets now think about those situations in our intimate relationships that make us feel powerless. Describe those situations. (Did you feel you were not in control? Did you want to be in control? Describe how you felt).

6. Lets think about sexual intimacy again. Describe specific incidents when you felt powerless. Were those incidents important to you?

Note: If participants mention decisions about condom use follow with question #7. If condom use is not mentioned follow with question #8.

7. Are decisions about condom use important to you? Who makes these decisions in your relationship? How do you feel about it?

8. Nobody mentioned safe sex or condom use. Lets talk about safe sex. What comes to mind when you think about condoms in your relationship? Do all of you feel this way?

Appendix C

Factor loadings for Power-over and Power-to scales

Factor Analysis of items comprising the Power Scale

Principal Components Analysis (PC) extracted two factors

Question #	Factor 1	Factor 2
1	.54642	
2		.60191
3	.70573	
4		.57425
5	.76466	
6		.72140
7	.53743	
8		.42722
9	.79464	
10		.65749
11	.44909	
12		.65350
13	.45027	
14		.40518
15	.69266	
16		.58789
17	.72085	
18		.60884
19		.63276
20	.47797	

Note: Items 1, 3, 5, 7, 9, 11, 13, 15, 17 and 20 constitute the Power-over scale and items 2, 4,6, 8, 10, 12, 14, 16, 18 and 19 constitute the Power-to scale. Items with loading < .40 were not included.

Appendix D

Correlations between strategies and situations

Intercorrelations between power strategies across situations

	sit 1-1	sit 2-1	sit 3-1
sit 1-1	---	51***	48***
sit 2-1		---	56***
sit 3-1			---
	sit 1-2	sit 2-2	sit 3-2
sit 1-2	---	21**	19*
sit 2-2		---	35***
sit 3-2			---
	sit 1-3	sit 2-3	sit 3-3
sit 1-3	---	34***	31***
sit 2-3		---	39***
sit 3-3			---
	sit 1-4	sit 2-4	sit 3-4
sit 1-4	---	44***	49***
sit 2-4		---	29***
sit 3-4			---
	sit 1-5	sit 2-5	sit 3-5
sit 1-5	---	52***	49***
sit 2-5		---	50***
sit 3-5			---

	sit 1-6	sit 2-6	sit 3-6
sit 1-6	---	.37***	.47***
sit 2-6		---	.36***
sit 3-6			---
	sit 1-7	sit 2-7	sit 3-7
sit 1-7	---	.44***	.47***
sit 2-7		---	.45***
sit 3-7			---
	sit 1-8	sit 2-8	sit 3-8
sit 1-8	---	.33***	.32***
sit 2-8		---	.29***
sit 3-8			---
	sit 1-9	sit 2-9	sit 3-9
sit 1-9	---	.33***	.23**
sit 2-9		---	.23**
sit 3-9			---
	sit 1-10	sit 2-10	sit 3-10
sit 1-10	---	.44***	.44***
sit 2-10		---	.52***
sit 3-10			---

	sit 1-11	sit 2-11	sit 3-11
sit 1-11	---	.47***	.45***
sit 2-11		---	.36***
sit 3-11			---
	sit 1-12	sit 2-12	sit 3-12
sit 1-12	---	.24**	.42***
sit 2-12		---	.46***
sit 3-12			---
	sit 1-13	sit 2-13	sit 3-13
sit 1-13	---	.47***	.52***
sit 2-13		---	.37***
sit 3-13			---

* $p < .05$, ** $p < .01$, *** $p < .001$

Note: sit 1-1=situation 1- strategy 1; sit 1-2=situation 1- strategy 2; sit 1-3= situation 1-strategy 3, etc. Sit 2-1=situation 2-strategy 1; sit 2-2= situation 2-strategy 2; sit 2-3=situation 2-strategy 3, etc. Sit 3-1=situation 3-strategy 1; sit 3-2=situation 3-strategy 2; sit 3-3=situation 3-strategy 3, etc. Strategy 1=Asking; strategy 2=Bargaining; strategy 3=Laissez-Fairre; strategy 4=Negative Affect; strategy 5=Persistence, strategy 6=Persuasion; strategy 7=Positive Affect; strategy 8=Reasoning, strategy 9=Stating Importance; strategy 10=Hinting; strategy 11= Talking; strategy 12=Telling; strategy 13=Withdrawal.

Appendix E

"Situation" and "Strategy factor loadings

Table 6a

"Situational" Factors

Situation	Strategy	Situational Factors			
		Factor#2	Factor#6	Factor#8	Factor#9
1	Asking		.30293		
1	Bargaining				
1	Laissez-Fairre				
1	Neg. Affect				
1	Persistence				
1	Persuasion				
1	Pos. Affect				
1	Reasoning				
1	Stating Import.		.79408		
1	Hinting				
1	Talking	.40892	.68426		
1	Telling		.73986		
1	Withdrawal				
2	Asking				
2	Bargaining	.48636			
2	Laissez-Fairre				
2	Neg. Affect				.61728
2	Persistence				.49475
2	Persuasion				.57598
2	Pos. Affect				
2	Reasoning	.79342			
2	Stating Import.	.72697			
2	Hinting				.38143
2	Talking	.84338			
2	Telling			.66519	
2	Withdrawal				

Table 6a (continue)

"Situational" Factors

Situation	Strategy	Situational Factors			
		Factor#2	Factor#6	Factor#8	Factor#9
3	Asking				
3	Bargaining				
3	Laissez-Fairre				
3	Neg. Affect				
3	Persistence				
3	Persuasion			36275	
3	Pos. Affect				
3	Reasoning				
3	Stating Import.			.55026	
3	Hinting				
3	Talking				
3	Telling			.69741	
3	Withdrawal				

Table 6b

"Strategy" Factors

Situation	Strategy	Strategy Factors					
		Factor#1	Factor#3	Factor#4	Factor#5	Factor#7	Factor#10
1	Asking	.69658					
1	Bargaining				.31697		
1	Laissez-Fairre					.57013	
1	Neg. Affect			.73840			
1	Persistence	.47162		.45311			
1	Persuasion	59900					
1	Pos. Affect						.79408
1	Reasoning						
1	Stating Import.						
1	Hinting				.71449		
1	Talking						
1	Telling						
1	Withdrawal		-.46558			.44451	
2	Asking	76873					
2	Bargaining		.37246				
2	Laissez-Fairre					.70347	
2	Neg. Affect			39927			
2	Persistence	.50075		.25996			
2	Persuasion	.42255					
2	Pos. Affect						65435
2	Reasoning						
2	Stating Import.						
2	Hinting				.80726		
2	Talking						
2	Telling						
2	Withdrawal		-.45664			.38248	

Table 6b(continue)

"Strategy" Factors

Situation	Strategy	Strategy Factors					
		Factor#1	Factor#3	Factor#4	Factor#5	Factor#7	Factor#10
3	Asking	.76410		.75818			
3	Bargaining		.63244	.63569			
3	Laissez-Fairre			.42632		.69958	
3	Neg. Affect						
3	Persistence	.39143					
3	Persuasion	.44522					
3	Pos. Affect						.80134
3	Reasoning		.73729				
3	Stating Import.						
3	Hinting				.77992		
3	Talking		.75543				
3	Telling						
3	Withdrawal		-.64419			.24209	

Appendix F

Factor loadings for a test of Falbo and Peplau's two-dimensional model

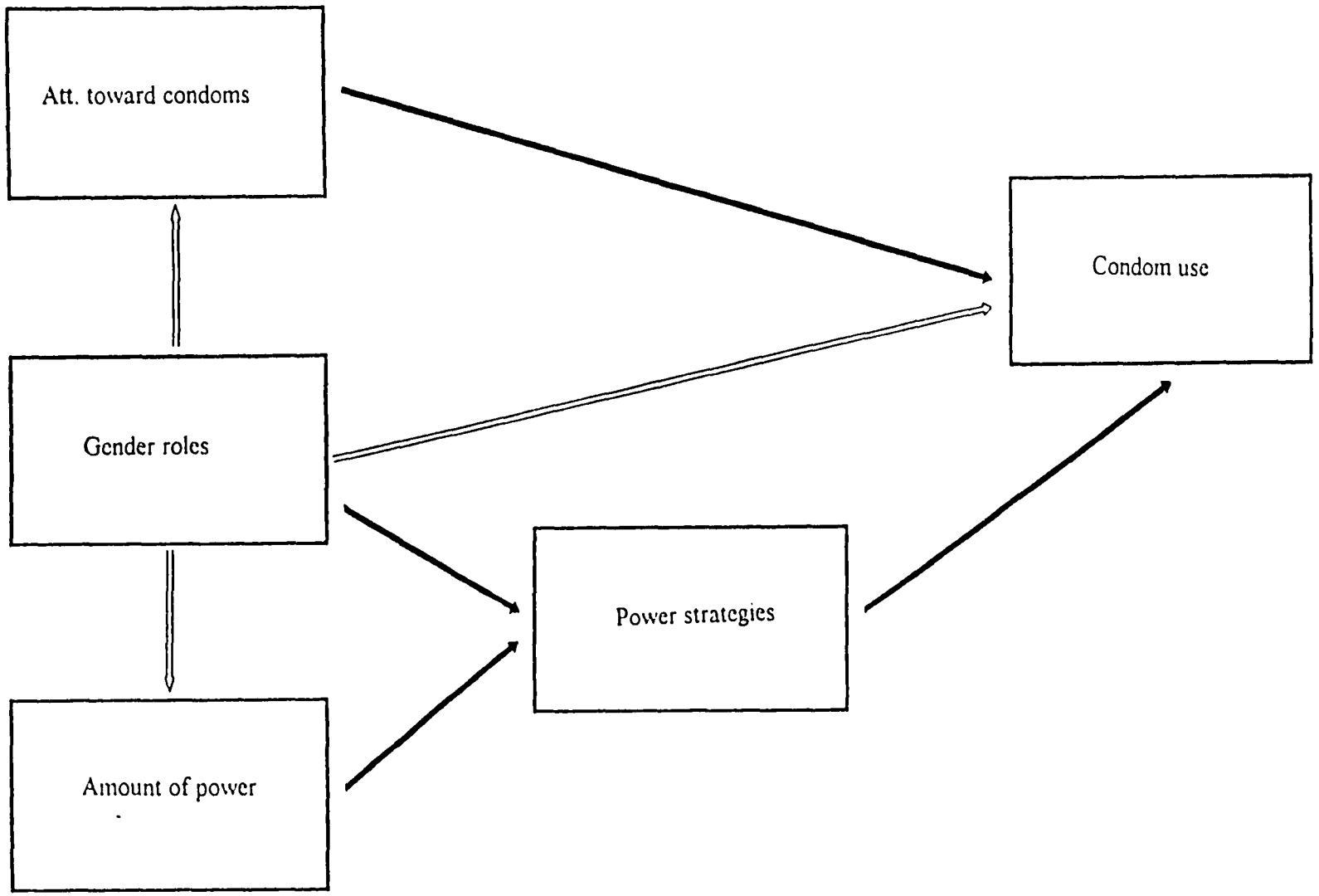
Factor loadings – four factor solution

	Factor #1	Factor #2	Factor #3	Factor #4
Asking	-.20158	.84464	-.02377	-.00983
Bargaining	.61071	-.08118	.25067	.02244
Hinting	.09623	.04515	.69292	-.18047
Stating Importance	.71539	.36762	-.03643	-.04405
Laissez-fairre	-.52785	-.02351	.50786	.09757
Negative Affect	.08833	-.09232	-.02747	-.91975
Persistence	-.06508	.49372	.17703	-.51864
Persuasion	.13308	.64052	-.02472	-.36907
Positive Affect	.11900	-.02328	.78326	.08239
Reasoning	.78458	.01608	.05867	.11588
Talking	.86742	-.01879	.00511	-.11272
Telling	.25439	.74794	.01686	.30150
Withdrawal	-.44586	.10423	.13970	-.45474

Appendix G

Central variables and hypothesized relationships among them

Central Variables and Hypothesized Relationships Among Them



This figure represents the main constructs to be analyzed and the hypothesized relationships among them.

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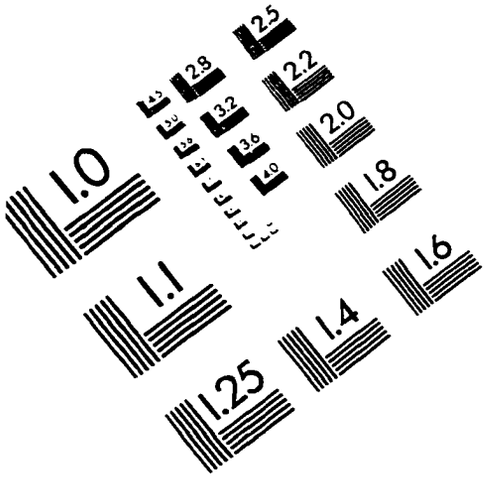
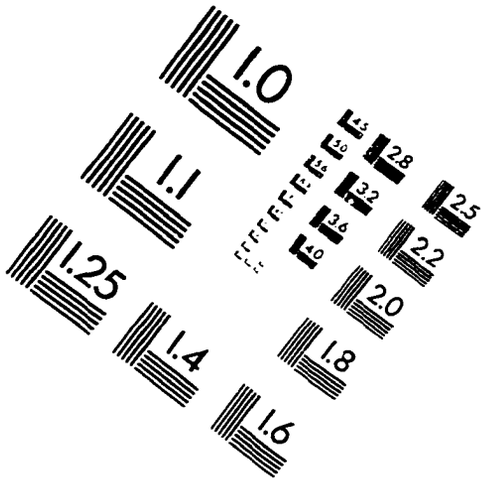
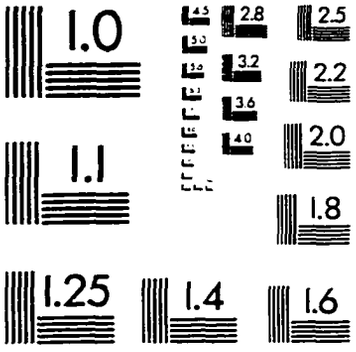
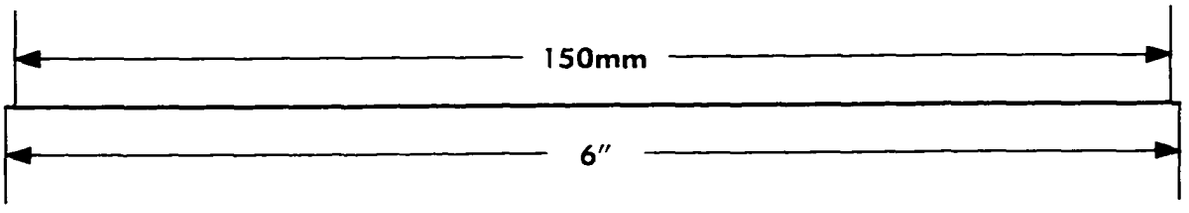
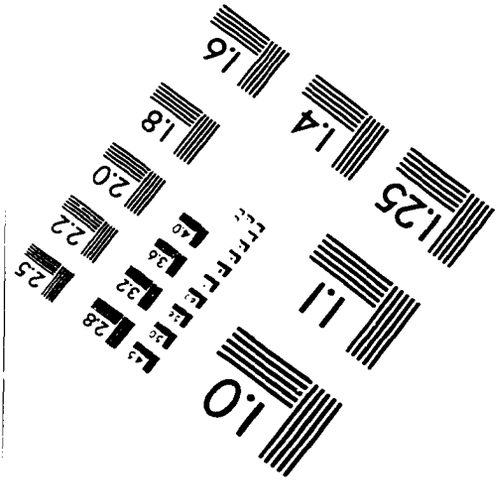
IMAGE EVALUATION TEST TARGET (QA-3)

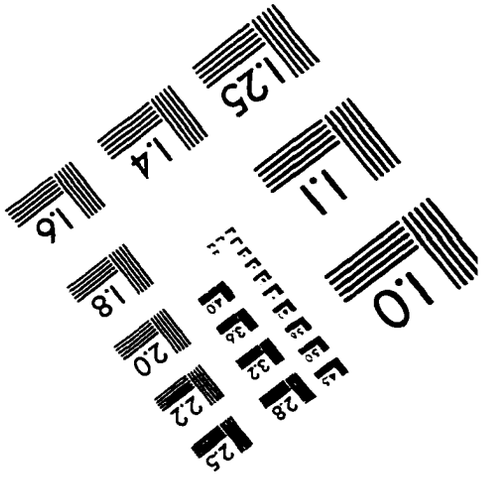












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