# The Role of Relationship Power in Couple Decisions about Contraception

A defining characteristic of most existing research on fertility regulation is "an assumption of women's primacy in fertility and contraceptive use" (Greene and Biddlecom 2000, p. 81). Because of this assumption, most of what we know about how and why methods are used is based on women's reports of their fertility-related beliefs, attitudes and experiences. However, with the growth of the AIDS epidemic, there has been an increased emphasis on understanding men's roles in the reproductive health of couples involved in intimate relationships. This growing emphasis has led to a developing body of research directed at men, but has been less successful in generating research based on couples, where reports are obtained from both partners. Further, despite a growing awareness that differential decision-making power within sexual relationships affects the ability of individuals to meet their reproductive and disease-protection goals, few studies have explicitly examined how such power differences shape the contraceptive decision-making process. In this paper, we address these gaps in our knowledge. Specifically, based on the reports of both members of married, cohabiting and dating heterosexual couples, we investigate how each partner's level of power in the relationship affects their influence over contraceptive decisions by affecting the relative weight that their method-related ratings, desires and perceptions have in the couple's decision-making process.

## Background

Much of the literature on couples that addresses partner influences attempts to assess the relative influence of the partners by examining how partner disagreements are resolved (Greene and Biddlecom 2000). Much of this research is based on married couples and examines how couple disagreements in fertility intentions are resolved. These studies typically find a significant impact of husband desires on subsequent fertility behaviors and of similar size to the impact of wife desires (Beach et al. 1979; Beckman et al. 1983; Clark and Swicegood 1982; Fried and Udry 1979; Thomson and Williams 1982; Thomson 1997; also see review by Becker 1996). However, few studies examining fertility-related behaviors have obtained data from both the male and female partners in sexual relationships, and proxy reports on partner characteristics, desires and preferences have been shown to be subject to reporting errors (Becker 1996) that may produce biased estimates of such partner influences. Further, most of those studies using true couple data from the U.S. and that do consider contraceptive choice also tend to consider those choices within the context of two critical fertility decisions: whether to terminate childbearing by adopting male or female sterilization (Miller, Shain and Pasta 1991), or whether to stop the use of contraceptives in order to conceive (Beckman et al. 1983; Thomson 1989). Although such a restricted focus provides an incomplete understanding of how couples make choices about the contraceptive methods they use, they do provide consistent evidence of male influence in couple decisions about contraception.

In contrast to the studies described above that are based on the experiences of married couples, a study by Gomez and Marin (1996) examines how males and females differently influence the choice to use condoms for disease protection among unmarried couples. They report that among their sample of Latinas, women indicated that they felt powerless in the condom-use decision within their sexual relationships. However, since both women and their partners tended to view contraception as being a woman's responsibility, they felt more able to negotiate condom use if they identified it as their sole method of contraception. This suggests that at least some groups define contraception as a woman's "sphere of influence," giving women primacy or dominance in this decision-making area. However, other studies of more diverse populations of unmarried women suggest that males do probably have at least some influence on the method choices of many unmarried couples. This is shown by the fact that the contraceptive choices of unmarried couples tend to differ according to level of communication

between partners (Harvey et al. 1999; Inazu 1987; Wagstaff et al. 1995), perceived male approval or support for using the method (Forste and Morgan 1998; Oakley et al. 1997; Whitley and Schofield 1985-1986) and male participation in family planning decisions (Reihman et al, 1998).

As Blanc (2001) points out, another shortcoming of current research on reproductive behaviors is that it has largely failed to explicitly assess the "effects of power relations on the question of whose preference dominates" (p13). The major exceptions are in research focusing on condom or microbicide use for disease prevention (Agnew 1999; Cohen et al. 1991; Fullilov et al. 1990; Gomez and Marin 1996; Pulerwitz 2000), and in studies of the choice between male and female sterilization (Shain, Miller and Holden 1985; Miller, Shain and Pasta 1985-86, 1986). However, even when these studies explicitly model the impact of power, they tend to estimate its effects in one-sex analyses and model it as having only additive effects on the likelihood that an individual achieves his or her preferred outcome. Further, they fail to consider the relative impact of multiple dimensions of power.

In this study, we address these gaps in our knowledge. Specifically, based on the reports of both members of married, cohabiting and dating heterosexual couples, we determine how each partner's birth desires, contraceptive method ratings and beliefs about their opposite-sex partner's method ratings affect the contraceptive decisions of the couple, as indicated by their method choice. A central feature of our study is that we explicitly attend to the issue of how differences between the partners in relationship power affect the way in which they resolve differences in method preferences. In undertaking this endeavor, our approach differs from prior research in two important ways. First, we operationalize power as having multiple dimensions that have bases in gender-role ideology, income, education and other structural factors, and in factors related to the nature of their relationship (e.g., dependency, relationship alternatives). In this way we are be able to determine which dimensions are most important for determining the relative control that each partner has over contraceptive decisions. Second, unlike prior research that is largely based on data from only one partner, we model power as conditioning the effects of each partner's method preferences on the couple's joint method choices (i.e., interaction effects). In this sense power is conceptualized as weighting the selection process toward the partner with more power.

Data

To examine the influence of personal, partner and relationship characteristics on couples' contraceptive decision-making, we use data we are collecting in an on-going NIH-funded study of approximately 1,000 couples (2,000 individuals) throughout the U.S. where the female partner is age 20 to 35 years and the male is age 18 or older, where the couple has been in a married, cohabiting, or (non-marital, non-cohabiting) dating sexual relationship for one month or longer, and where the female is not currently pregnant, postpartum or trying to get pregnant (at risk of unintended pregnancy and making contraceptive decisions). The survey uses computer-assisted self interviewing (CASI) to collect data from households randomly sampled from four cities and the county subdivisions immediately adjacent to them: Baltimore, MD; Durham, NC; St. Louis, MO; and Seattle, WA. These four cities were chosen for substantive and pragmatic reasons. On the pragmatic side, these cities are where Battelle has survey research offices, which makes the survey much more cost efficient. On the substantive side, these sites provide diverse populations with respect to race, ethnicity, economic status and other factors influencing contraceptive decision making.

During the survey effort, 62% of households were successfully rostered for eligibles, with potential eligibles respondents were located in 27% of rostered households. Where more than

one age-eligible couple and/or unattached adult was present, we randomly selected a couple or unattached adult and screened them for eligibility. The screener completion rate was 82%. For daters, the focal respondent was randomly selected from among the male and female adults in the household. The selected (focal) respondent was screened first, and then we screened his/her nonresident partner prior to establishing the couple's eligibility. Eligibility screening was completed for 68% of focal respondents. If the focal dating respondent met the eligibility criteria, field interviewers then asked the focal respondent to recruit his/her dating partner. Due to human subjects concerns, dating partners were recruited indirectly, by the focal respondent and not by us. If the focal respondent's dating partner agreed to be contacted, the field interviewer administered an eligibility screener, which was completed with 65% of the focal respondents' partners. Overall, 72% of eligible married/cohabitating couples completed the survey, and 94% of eligible dating couples completed the survey. These rates suggest that by the end of the survey period (September 30, 2006) we will ultimately have a sample of about 415 married couples, 252 cohabiting couples, and 333 dating couples.

At the interviewing stage, partners were scheduled to take the survey contemporaneously, usually at their residence. The questionnaires for males and females are nearly identical. Field interviewers took two laptop computers to the home and set up the partners in separate spaces for the interview. Respondents were restricted from communicating with each other about their answers. The computer-assisted survey allowed us to capture and resolve many data inconsistencies during the interview process. Overall, the rostering, screening, and interview response rates are respectable, given the heavy burden of the survey on the participants, in that each member of the couple was asked to provide rather sensitive information about their private lives. Further, the requirement that both partners had to agree to participate also increased the chances for refusal, particularly among daters who had to recruit their non-resident partner for us, telling that person that s/he wanted to provide us with information about their sexual relationship and convincing the partner to do the same.

In this paper we focus on the method used the last time the couple had sex. This variable has four collapsed categories: no method, pill, condom (including condom used with a less effective method), and "other" methods. In our current sample, 29% of couples used no method, 26% used the pill, 22% used the condom, and 23% used another method type. These method categories are used because we have method preference ratings for the pill, condom and no method and we are investigating how each partner's ratings of those methods affect their actual method choice. No other method for which we have ratings is used by enough couples to allow us to separately define a method category for it.

Method ratings are defined on a 100-point scale where 0 indicates all disadvantages and no advantages, and 100 indicates all advantages and no disadvantages. In addition to measures of relationship power defined along multiple dimensions (as describe below) and birth desires, other predictors of contraceptive choice included in our analyses are measures of : duration of the relationship; level of couple communication; and respondent and partner's age, race/ethnicity, completed education, income, religion, religiosity, sexual behaviors in which the couple engage (oral and/or anal intercourse) and parental background SES.

As noted, in this analysis, power is conceptualized as multi-dimensional. Structural power is one type. It is based on such factors as income, education and social class of origin. Other sources of power we include are: relationship commitment (where the less committed partner is more powerful); relationship alternatives (where the person with more alternatives is more powerful); and gender role ideology, which can define the decision making domains or roles reserved for male and female partners (Lucke 1998; Ostovich & Sabini 2004; Shearer et al.

2005). Finally, we consider compliance-gaining strategies employed by each partner, including bullying, manipulation, begging, asserting authority, or distancing. Our goal is to determine which dimensions of power are important for the contraceptive decision-making process.

Analytic Approach

In this analysis we will estimate models of method choice outcomes that take the following form:

$$M = b_{rf}R_f + b_{rm}R_m + b_{prf}R_{pf} + b_{prm}R_{pm} + b_{df}D_f + b_{dm}D_m + b_{zf}Z_f + b_{zm}Z_m \quad (1)$$

where M is the couple's contraceptive method outcome, $R_f$ is the female's method ratings, $R_m$ is the male's method ratings, $R_{pf}$ is the female's perceptions of the male's method ratings, $R_{pm}$ is the male's perceptions of the female's method ratings $D_f$ is the female's desire for a birth, $D_m$ is the male's desire for a birth, $Z_f$ is the female's perceptions of her partner's method ratings, $Z_m$ is the male's perceptions of his partner's method ratings, and the terms $b_{rf}$, $b_{rm}$, $b_{df}$, $b_{dm}$, $b_{zf}$, $b_{zm}$, $b_{prf}$, and $b_{prm}$ are coefficients to be estimated.

We also explicitly model how each partner's power within the relationship influences the extent to which each person's desires and preferences are related to the method choice of the couple. These interaction effects between relative power and the factors affecting method choice outcomes essentially allow relative power to weight the relative importance of each of the factors affecting method choice outcomes. We then assess the importance of power in determining method choice outcomes by conducting formal goodness of fit tests to determine whether adding interactions with measures of male and female power significantly improves the fit of the models. We are using a multinomial logit regression approach to estimate our models.

This paper derives from two projects entitled, "Couple Decisions about Contraception" (1 R01 HD HD042432) and "Contraceptive Decision Making among Dating Couples" (1 R01 HD044708), funded by NICHD. The project began in March 2003, and much progress has been made to date. Completion of the field effort is expected September 30, 2006. Data cleaning, weighting, and file construction will follow, with completion of these tasks expected by November 30, 2006. We will then enter our main analysis phase, although we have already begun preliminary analyses of the data, including the analysis described in this Abstract, using unweighted data for 93% of the expected completed sample. The 2007 annual meetings of the PAA provide a timely opportunity to share some of the results of our study. By the March 1, 2007 due date, we fully expect to have a completed paper that examines how relationship power as well as the other personal, partner, and relationship characteristics of adult heterosexual couples affect a couple's method choices.

References


Agnew, C.R. 1999. "Power Over Interdependent Behavior Within the Dyad: Who Decides What a Couple Does?" *Advances in Population*,3:163-188.

Beach, L.R., A. Hope, B. Townes and F.L. Campbell. 1982. "The Expectation-Threshold Model of Reproductive Decision Making." *Population and Environment*, 5:95-108.

Becker, S. 1996. "Couples and Reproductive Health: A Review of Couple Studies." *Studies in Family Planning*, 27(6):291-306.

Beckman, L.J. 1984. "Husbands' and Wives' Relative Influence on Fertility Decisions and Outcomes." *Population and Environment*, 7(3):182-197.

Blanc, A.K. 2001. "The Effect of Power in Sexual Relationships on Reproductive and Sexual Health: An Examination of the Evidence." Paper prepared for Population Council Meeting on *Power in Sexual Relationships*, Washington, D.C., March 2001.

Clark, M.P. and G. Swicegood. 1982. "Husband or Wife? A Multivariate Analysis of Decision Making for Voluntary Sterilization." *Journal of Family Issues*, 3(3):341-60.

Cohen, D., C. Dent and D. Mackinnon. 1991. "Condom Skills Education and Sexually Transmitted Disease Infection." *The Journal of Sex Research*, 28:139-144.

Fried, E.S. and J.R. Udry. 1979. "Wives' and Husbands' Expected Costs and Benefits of Childbearing as Predictors of Pregnancy." *Social Biology*, 26(3):265-274.

Fullilov, M., R. Fulilov, K. Haynes, and S. Gross. 1990. "Black Women and AIDS Prevention: A View Toward Understanding the Gender Roles." *Journal of Sex Research*, 27(1):46-64.

Gomez, CA and BV Marin. 1996. "Gender, Culture and Power: Barriers to HIV Prevention Strategies." *Journal of Sex Research*, 33(4):355-362.

Greene, M.E. and A.E. Biddlecom. 2000. "Absent and Problematic Men: Demographic Accounts of Male Reproductive Roes." *Population and Development Review*, 26(1):81-115.

Harvey, S.M., L.J. Beckman, L.J. and M. Doty. 1999. "Couple Dynamics in Sexual and Reproductive Decision-Making Among Mexican Immigrants." In Lawrence J. Severy and Warren Miller (Eds.), *Advances in Population: Psychosocial Perspectives: Volume 3*, p. 251-279. Kingsley Publishers: Philadelphia, Pennsylvania/London, England.

Inazu, J.K. 1987. "Partner Involvement and Contraceptive Efficacy in Premarital Sexual Relationships." *Population and Environment*, 9(4):225-237.

Lucke, J.C. 1998. "Gender Roles and Sexual Behavior Among Young Women." *Sex Roles*, 39:273-297.

Miller, W.B, R.N Shain and D.J. Pasta.1985-1986. "A Model of the Determinants in Married Women of Sterilization Method Choice." *Population and Environment*, 8(3-4):223-39.

Miller, W.B., N.R. Shain and D.J. Pasta. 1986. "A Model of the Determinants in Married Women of Sterilization Method Choice." *Population and Environment*, 8(3,4): 223-239.

Miller, W.B., N.R. Shain and D.J. Pasta. 1991. "Tibal Ligation or Vasectomy: How do Married Couples Make the Choice?" *Fertility and Sterility*, 56:278-284

Ostovich, J. and J. Sabini. 2004. "How are Sociosexuality, Sex Drive, and Lifetime Number of Sexual Partners Related?" *Society for Personality and Social Psychology*, 30(10):1255-1266.

Pulerwitz, J., S.L. Gortmaker and W.DeJong. 2000. "Measuring Sexual Relationship Poweer in HIV/STD Research." *Sex Roles*, 42(7/8):637-660.

Shain, R.N., W.B, Miller and A.E.C. Holden. 1984. "The Decision to Terminate Childbearing: Differences in Preoperative Ambivalence Between Tubal Ligation Women, and Vasectomy Wives." *Social Biology*,31(1,2):40-58.

Shearer, C.L., S.J. Hosterman, M.M. Gillen, and E.S. Lefkowitz. 2005. "Are Traditional Gender Role Attitudes Associated with Risky Sexual Behavior and Condom-Related Beliefs?" *Sex Roles,* 52:311-324.

Thomson, E. 1989. "Dyadic Models of Contraceptive Choice," In D. Brinberg and J.J. Jaccard, (eds.) *Dyadic Decision Making,* New York: Springer-Verlag.

Thomson, E. 1997. "Couple Childbearing Desires, Intentions and Births." *Demography*, 34(3):343-354.

Thomson, E. and R. Williams. 1982. "Beyond Wives' Family Sociology: A Method for Analyzing Couple Data." *Journal of Marriage and the Family*, 44(4):999-1,008.

Wagstaff, D.A., J.A. Kelly, M.J. Perry, K.J. Sikkema, L.J. Solomon, T.G. Heckman, E.S. Anderson, and the Community Housing AIDS Prevention Study Group. 1995. "Multiple Partners, Risky Partners and HIV Risk among Low-Income Urban Women." *Family Planning Perspectives*, 27(6):241-245.