

What Kinds of Power Predict Couples' Concordance and Perceptions of Concordance on Birth Desires and Method Preferences?

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Background

How do partners in committed relationships reach their individual and joint reproductive goals? 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). This suggests that women are in control of both partners’ goals, and it is associated with the practice of surveying women rather than *both* men and women in couples.

However, there is a growing awareness that differential decision-making power within sexual relationships affects the ability of individuals to meet their reproductive and disease-protection goals. For example, Blanc (2001) points out that research on reproductive behaviors has largely failed to explicitly assess the “effects of power relations on the question of whose preference dominates” (p13). To date, few studies have explicitly examined how such power differences shape the contraceptive decision-making process. Among explanations for this gap may be the difficulties in collecting couple data.

One key step in the contraceptive decision-making process is either a couple’s achieving concordance or partners’ perceiving differences in their preferences. Concordance and the perception of differences can be understood as *outcomes* of power. In the present study, we focus on concordance in birth desires and method preferences using independent reports from both partners in the couple. When birth desires and intentions have been compared previously, levels of spousal agreement are moderate. Among respondents to the National Survey of Families and Households, Thomson (1989) found that only about 79% of spouses had consonant reports about the desire for another child. This level of agreement is slightly higher than what was found for similar measures in other surveys in both developed and developing countries (see Becker 1996 for a review). The lowest level of agreement was found by Neal and Groat (1976), who found a correlation between spouse reports of only .54. Clearly, basing analyses on reports from only one partner can produce data inaccuracies, especially when those proxy reports are for factors such as preferences or desires, the perceptions of which may be biased by one’s own preferences and desires (Miller 1994).

Our Study Of Power And Couples Concordance

Power in couple relationships can be understood as encompassing *sources*, *processes*, and *outcomes of power* (Cromwell and Olson 1975). This study contributes to reducing the gap in knowledge of couples’ power dynamics in contraceptive decision making by examining what *sources* and *processes* of power predict couples’ concordance and perceptions of differences in birth desires and method preferences. Specifically, using an area probability sample of married and cohabiting couples, we examine partner concordance in birth desires and method preferences. We contrast the levels of concordance with partner’s perceptions of concordance or differences on these factors.

The study then tests hypotheses regarding the extent to which relative power predicts concordance and perceptions of difference. Important contributions of this study are the use of multi-dimensional measures of power in couples' relationships and our access to parallel partner data in order to evaluate partner's relative power.

Primary outcomes in the study are:

- To what extent do partners agree about whether another child is wanted?
- To what extent do partners accurately report partner's birth desires; in other words, to what extent are partners aware of any differences?
- To what extent partners agree on what is their preferred method?
- To what extent are partners aware of any differences regarding their preferred method?

The a preliminary summary of these outcomes, based on 559 cases (of our final count of 674), are reported in Table 1. Overall, 66% of couples are in agreement and recognize that they are in agreement regarding birth desires. The remaining 34%, however, are on less certain ground.

Table 1. Couple Concordance and Perceptions of Birth Intentions

	Partners think they are in agreement (80%)	Partners think they are in disagreement/don't know (20%)
Partners agree on birth desires (71%)	66%	5%
Partners disagree/don't know on birth desires (29%)	14%	15%

N=559 *couples* Data=National Couples Survey

The analytical question is how do couples arrive (or not) at concordance or the perception of differences? To answer this, we test a series of hypotheses related to relationship power as a predictor of concordance and perceptions of differences on birth desires and method preferences. Overall, we suspect that in couples with power imbalances, the partner with less power will be more likely to have accurate beliefs about the preferences of his/her partner. We anticipate that the person with less power will be more sensitive to partner's desires and preferences. In addition, we suspect that the partner with more power is more likely to make desires and preferences known so that the other partner can accommodate them. In addition, we suspect that concordance will be more likely in power imbalanced couples. That is, the person with less power may accommodate to what they believe are their partner's desires and preferences, and adopt them as their own, creating more concordance relative to a power balanced (equal) relationship.

Operationalizing And Analyzing Relationship Power

Relationship power is multi-dimensional and includes such things as who makes more money, who makes final decisions (as distinct from the content of the final

decision), who feels more commitment, who has more alternatives to the relationship, and whether a partner uses coercive communication strategies. In addition, gender-role ideology may influence the extent to which we discover that relationship power is domain-specific

Sources of power include structural power and psychological power. Thus, we examine the influence of socio-demographic characteristics (including education, income, and rate of pay) as measures of structural power. We can think of psychological power as the power of least interest (Waller 1938): as such, we also examine level of commitment (Drigotas and Rusbult 1999) and perceptions of access to alternatives (Udry 1983).

Processes of power are represented by decision making and communication. In this case, we draw upon three domains of decision making to evaluate processes of power: decisions pertaining to daily life and family decisions (Blood and Wolf 1960); to sexuality and sexual behavior (Catania, McDermott, Wood 1986); and to birth control choice and usage. For communication, we include measures of frequency of communication regarding everyday life and regarding problems (Bean et al., 1983). To examine coercive communication strategies we analyze compliance gaining strategies including bullying, manipulation, begging, asserting authority, or distancing (Howard, Blumstein and Schwartz, 1986). Finally, to examine highly coercive interaction strategies we use measures of physical aggression and domestic violence (Brush 1990).

We will use multinomial logistic regression to evaluate the relative impact of different dimensions of power on outcomes of concordance or perceptions of differences.

Data and Timetable

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, referred to as the National Couples Survey, of approximately 667 married and cohabiting couples (1,334 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 female is not currently pregnant or trying to get pregnant (at risk of unintended pregnancy and making contraceptive decisions) and both partners are neither medically nor surgically sterile. The survey uses computer-assisted self interviewing (CASI) to collect data from an area probability sample of households in 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.

The survey was jointly fielded with a parallel survey of dating (non cohabiting) couples. 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 (potentially

dating) adult was present, we randomly selected a couple or unattached adult and screened them for eligibility. The screener completion rate was 82%. Overall, 72% of eligible married/cohabiting 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 and 252 cohabiting couples (as well as 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.

This paper derives from a project entitled, "Couple Decisions about Contraception" (William R. Grady, Principal Investigator), funded by NICHD (1 R01 HD HD042432), which was fielded jointly with a parallel project, "Contraceptive Decision Making among Dating Couples," also funded by NICHD. The project began in February 2003, and much progress has been made to date. Completion of the field effort is expected September 30, 2006, at which time we expect to have interviews completed with 667 married and cohabiting couples (1334 individuals). 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. 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 power dynamics in couples relationship and their influence over concordance and perceptions of difference in birth desires and method preferences.

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