

Power in a social exchange: To what extent are decisions about fertility “shared” within intimate relationships?

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ABSTRACT

There is disagreement in the literature regarding how fertility decision-making is shared within heterosexual couples. It was predicted that more egalitarian attitudes, more equivalent levels of education, and more equivalent levels of career-orientation would be associated with greater compromise and agreement in fertility negotiations. Heterosexual couples (N = 120, Mage= 21, SDage= 4.96) were asked to discuss both their family planning and financial planning intentions. These discussions were transcribed and then coded by three independent coders for statements indicative of inequitable power (concessions, persuasion, and disagreement) and equitable power (compromise and agreement). We found that the similarity of couples' gender role attitudes and career-orientations did not predict their use of compromise or persuasion. However, individuals with higher levels of education were more likely to use persuasion and disagreement statements in their fertility discussions. Females and males were equally likely to use compromise, persuasion, and concession when discussing their plans.

KEYWORDS

Decision-Making, family planning, fertility, intimate relationships, gender roles, education

Formulating one's fertility plans and intentions is an incredibly complex task. Individuals' fertility intentions and outcomes are shaped by many features of their social environment, including their experiences in the workforce (Ranson, 1998), the safety and economic stability of one's current environment (Griskevicius, Delton, Robertson, & Tybur, 2011), the anticipated social and financial support one will have when raising any potential offspring (Hagewen & Morgan, 2005), and the perceived stability of one's intimate relationship as well as one's concerns regarding fertility decline (Benzies, Tough, Tofflemire, Frick, Faber, & Newburn-Cook, 2006). Fertility

intentions also seem to shift as a function of relationship experience (Adsera, 2006; Basu, 2002). However, the nature of this male and female collaborative effort in heterosexual relationships has yet to be clarified.

There is disagreement in the literature regarding how fertility decision-making is shared within heterosexual couples. Some work suggests that males and females engage in equitable, joint decision-making about their reproductive futures (Basu, 2002; Berrington, 2004), whereas other work suggests that decision-making tends to favor the fertility intentions of one partner (Adsera, 2006; Hakim, 2003). Specifically, research suggesting a more shared approach to reproductive decision-making finds that couples tend to report similar desires and intentions about their intended family size (Basu, 2002; Berrington, 2004). When couples do disagree about fertility desires and intentions, sex is not predictive of which partner is likely to experience fertility outcomes more consistent with their original intentions (Schoen, Astone, Kim, Nathanson, & Fields, 1999). However, the sentiment of Hakim (2003) is that “romantics like to believe that couples decide jointly, but in practice one partner always had the overriding vote” (p. 369), and there are instances where couples’ disagreements regarding their fertility intentions tend to produce fertility outcomes that are more consistent with one partner’s original intentions (sometimes greater *female* power in reproductive decision-making: Beegle, Frankenberg, & Thomas, 2001; Hakim, 2003; sometimes greater *male* power in reproductive decision-making: Adsera, 2006; Bankole & Singh, 1998). Taken together, these divergent findings indicate that the extent to which fertility decisions are made based on shared collaboration may hinge on power differentials and equality within the relationship.

This ‘social power’ interpretation of these inconsistent findings suggests that the contraceptive revolution (i.e., wide availability of effective and safe contraceptives) produced shifts towards lower fertility rates because females were, for the first time in human history, afforded the opportunity to control their own reproductive outcomes (Hakim, 2003). Some work does suggest that control over reproductive decision-making (e.g., condom use, the use of hormonal contraceptive methods) tends to shift according to sex (in)equity: in patriarchal societies, males are more likely to control contraceptive decision-making within the couple (Lasee & Becker, 1997). Also, in households where females are more highly educated and career-oriented – indicative of more sex-equity within that family structure – females tend to dominate reproductive decision-making (Hollerbach, 1980).

While these studies have provided important insights into the effect of males’ and females’ reported intentions on subsequent reproductive outcomes (for example, see Miller and Pasta (1995) or Thompson, McDonald, and Bumpass (1990)), these measures of reported partner intent were acquired post-hoc. In other words, predictive models that include both males’ and females’ reported fertility intentions and subsequent contraceptive/proceptive behaviors have to date only measured couples’ intentions separately, after these individuals have been in their romantic relationship for some time (e.g., married couples that have been together for an average of 3.02 years; Miller & Pasta, 1995), and any changes to fertility intentions based on couples’ compromise or bargaining have likely already occurred. What is surprisingly absent from this research is information regarding the nature of the earlier exchanges between partners when making decisions about

their reproductive futures. To address this need, the current work is an exploratory, structured-interview study, designed to provide a preliminary explanation of how heterosexual couples – based on their attitudes towards gender equity, levels of education, and career-orientations – use persuasive arguments, concessions, and compromises to arrive at fertility intentions.

We predict that more egalitarian attitudes, more equivalent levels of education, and more equivalent levels of career-orientation will be associated with greater compromise, compared to persuasion and concession, in fertility negotiations among couples.

METHODS

Participants

Because parenting experiences can affect individuals' fertility intentions, the current sample included only childless individuals of reproductively viable age (i.e., 18-45 as in Toulemon & Testa, 2005). Furthermore, this sample had the additional restrictions that participants were in a committed romantic relationship and had been in their current relationship for no less than six months ($M = 2.69$ years, $SD = 2.28$). Importantly, whereas other investigations of couples' reproductive decision-making have included only married couples (Miller & Pasta, 1995; Thompson, McDonald, & Bumpass, 1990) this research included both unmarried and married couples. Recent work suggests decreasing importance of marriage on fertility outcomes, as birth rates were strikingly similar between cohabitating and married couples (Toulemon & Testa, 2005). With these restrictions imposed, the sample for the current study had an average age of 21 years ($SD = 4.96$); notably, this is a relatively young sample, so any findings and implications may be limited to the fertility decision-making practices of young adults.

Recruiting both from community and college populations, participants were either: a) students at a large Midwestern University who received course credit for their participation, or b) general community members recruited through flyers and e-mail solicitation (who did not receive inducement for their participation). We obtained a total sample size of $N = 122$, which was equally divided by biological sex (50.8% female), largely Caucasian/Non-Hispanic (86.9%), heterosexual (94.6%), all were involved in a romantic relationship (dating = 77.7%; engaged = 3.1%; married = 17.7%), and most had earned at least a high school diploma (HS = 78%, Associate's = 2.5%, Bachelor's = 8.5%, Post-graduate = 9.3%). Given that there was not a sufficient number of same-sex couples to allow for comparisons based upon sexual orientation (or to allow us to draw clear conclusions about fertility decision-making in this population), and given that the predictions for this work were informed by prior studies based upon the decision-making practices of heterosexual couples (Adsera, 2006; Basu, 2002; Miller & Pasta, 1995), same sex couples ($n=6$) were excluded from subsequent analyses, leaving a final sample of 116.

Procedure and Materials

To determine the effect of attitudes towards gender equity, level of education and career orientation on shared fertility decision-making within couples, participants were first asked to respond to a series of demographic questions (e.g., age, biological sex, ethnicity, annual household income, and relationship duration) and then completed a 6-item Gender Role Attitude Questionnaire (Berrington, 2004). This scale demonstrated good internal consistency in the current sample, Cronbach's $\alpha = .81$. Participants indicated their degree of agreement ("1:strongly agree" to "5:strongly disagree") with statements such as "All in all, family life suffers when the woman has a full-time job"; higher scores are indicative of more traditional and less egalitarian attitudes towards gender roles. Then, participants indicated the extent to which they are committed to their careers by completing the 26-item Work Role Salience Scale (Greenhaus, 1971). Participants indicated their degree of agreement ("1:strongly agree" to "5:strongly disagree") with statements such as "Planning for and succeeding in a career is my primary concern"; higher scores are indicative of higher family-centered orientation, compared to career-centered orientation. Again, this scale demonstrated good internal consistency in the current sample, Cronbach's $\alpha = .82$.

Finally, couples were told that the study was about couples' fertility plans, and they were therefore instructed to discuss or re-enacted their discussion (for those who have already discussed family planning intentions) regarding their family planning intentions; including both their child-number and child-timing intentions (as described in Miller, 2011). Couples were instructed to be sure to be specific about their own desires and intentions before they entered their current relationship, share these desires and intentions with one another, and see if they could then come to a mutual decision regarding their *number* and *timing* plans. Additionally, they were asked to answer the following questions: "Have you talked about your future family desires and intentions with your partner before? If so, how long had the two of you been together when you first discussed these desires and intentions?"; "If you had to decide today how many children you intend to have (if any) and when (if ever) you intend to have them, what would your major considerations be? What do you think your partner's major concerns would be?"; "If you do desire and/or intend to have children, is there a specific gender you would prefer?"; "If you do desire and/or intend to have children, is there a specific number of years you would like between your children?". These instructions were read to them, and then they were given a sheet of paper detailing these same instructions to reference during their discussion as needed.

Couples' discussions were taped ($M_{\text{duration}} = 13.52$ minutes, $SD = 7.14$), transcribed, and coded for the following themes: 1) statements of personal values, including family-focused values (e.g., "I want to stay at home with the kids"), career-focused values (e.g., "... if I had to choose a time to get pregnant it would not be during a residency"), and relationship-focused values (e.g., "Who knows? Is it (having a baby) going to strengthen us or keep us neutral the rest of our lives or push us farther apart?"), 2) statements of desires, including positive desires (e.g., "I want to have a baby boy"), negative desires (e.g., "I don't really like kids"), 3)

persuasive statements (e.g., “I’m asking you to have four kids because that’s what my family had, and I really enjoyed it”), 4) concessions (e.g., “I am the one actually giving birth, so I would like at least 2 years in between each.” “Okay”), 5) compromise (e.g., “I want three years in between each kid and you only want one, so let’s meet in the middle and go with two years”), 6) agreement (e.g., “I want a max of three kids.” “Me too”), 7) disagreement (e.g., “I want only one year in between each kid.” “No way! That is not enough time for me to recuperate”), and 8) child timing and number intentions (e.g., “I would like to have 3 kids.” “I think we should start having kids in our mid-thirties”).

Furthermore, while not directly related to stated hypotheses, couples were also instructed to reach consensus regarding a financial planning decision (i.e., “What would you do with \$1,500 that you received, but had not budgeted for?”), and this discussion was rated for persuasion, concession, compromise, agreement, and disagreement themes as well. This provided the opportunity to compare power dynamics in intimate couples in different types of decision-making tasks. The coding systems used to identify the presence of persuasive statements, concession statements, and generally which partner had more power in the social exchange, were adapted from similar studies which have involved qualitative coding of social interactions (Clark & Delia, 1976; Maguire & Dunn, 1997).

After coding was completed, 20% of the total sample (N = 12; a subset size recommended for generating estimates of inter-rater reliability; Hallgren, 2012; O’Neill & Riedl, 2014) was re-coded by an independent rater to check for inter-rater reliability. Using Cicchetti’s (1994) thresholds for acceptable levels of inter-rater agreement using intra-class correlations (acceptable levels of ICC estimates are those above .4 and .5), nearly all of our coding dimensions demonstrated good inter-rater agreement. Of note, ICC estimates are a particularly conservative estimate of inter-rater reliability, which is why only quite small values (i.e., below .4) are typically considered to demonstrate “poor” inter-rater agreement (Hallgren, 2012). These estimates, as well as meetings with the raters, demonstrated that two distinctions in the coding scheme were too fine and were often being confounded in the rating process: the distinction between compromise and agreement, and the distinction between persuasion and disagreement. These sets of dimensions were therefore combined, creating two new variables – compromise/agreement and persuasion/disagreement – which demonstrated considerably improved intra-class correlations (see Table 1). All procedures and methods were carried out in accordance with Institutional Review Board standards and approval.

RESULTS

The presence of main effects of the predictor variables – gender role attitudes, difference in level of education, and difference in career-orientation – was tested using simultaneous linear regression. Significant beta-weights for each predictor were predicted, such that couples reporting more egalitarian attitudes towards gender roles, as well as more similar education level and career-orientation scores will have more frequent coded mentions of agreement and compromise in their fertility intention discussions, compared to couples with more traditional

attitudes towards gender roles, and more divergent education level and career-orientation scores.

Hypothesis Testing

Compromise and agreement for couples. Simultaneous regression with couples serving as individual data points ($N = 58$) found that together, the similarity of couples' gender role attitudes, career-orientation scores, and education levels predicted 1.3% of the variance in the frequency of coded mentions of compromise and agreement ($R^2 = .013$, $F(3, 55) = .238$, $p = .870$, $f^2 = .01$). None of the individual predictors emerged as significant unique predictors of the frequency of coded mentions of compromise and agreement in couples' discussions regarding their fertility intentions. The same predictive model did not significantly predict the frequency of coded mentions of compromise and agreement in couples' discussions of their future financial plans (see Table 2).

Persuasion and disagreement for couples. Simultaneous regression with couples serving as individual data points ($N = 58$) found that together, the similarity of couples' gender role attitudes, career-orientation scores, and education levels predicted 7.0% of the variance in the frequency of coded mentions of persuasion and disagreement ($R^2 = .070$, $F(3, 55) = 1.39$, $p = .255$, $f^2 = .08$). Regarding the strength of individual predictors, none of the individual predictors emerged as significant unique predictors of the frequency of coded mentions of persuasion and disagreement in couples' discussions regarding their fertility intentions. The same predictive model did not significantly predict the frequency of coded mentions of persuasion and disagreement in couples' discussions of their future financial plans (see Table 3).

Compromise and agreement for individuals. Simultaneous regression methods with individual members of intimate couples serving as individual data points ($N = 116$) found that together, gender role attitudes, career-orientation scores, and education levels predicted 4.0% of the variance in the frequency of coded mentions of compromise and agreement ($R^2 = .040$, $F(3, 114) = 1.57$, $p = .200$, $f^2 = .04$). Regarding the strength of individual predictors, none of the individual predictors emerged as significant unique predictors of the frequency of coded mentions of compromise and agreement in couples' discussions regarding their fertility intentions.

Persuasion and disagreement for individuals. Simultaneous regression methods with individual members of intimate couples serving as individual data points ($N = 116$) found that together, gender role attitudes, career-orientation scores, and education levels significantly predicted 13.9% of the variance in the frequency of coded mentions of persuasion and disagreement ($R^2 = .139$, $F(3, 114) = 6.14$, $p = .001$, $f^2 = .16$). Regarding the strength of individual predictors, education level emerged as a significant unique predictor of the frequency of coded mentions of persuasion and disagreement in discussions regarding their fertility intentions ($\beta = .369$, $p < .001$), such that individuals with higher levels of education were more likely to mention statements coded as persuasion and disagreement in discussion regarding their fertility intentions with their romantic partner.

General Findings

Sex differences and similarities. Interestingly, a series of t-tests demonstrated that females and males were equally likely to mention family-focused values, career-focused values, relationship-focused values, concessions relevant to their fertility plans and financial plans, compromise/agreement relevant to their fertility plans and financial plans, and persuasion/disagreement relevant to their fertility plans and financial plans. Taken together, this pattern of results suggests that power was relatively equally distributed between the sexes when intimate partners are making decisions relevant to their reproductive and financial futures. However, sex differences did emerge regarding individuals' reported fertility desires and desires for sexual gratification, such that females were more likely to indicate stronger and more frequent desires to have children, compared to males (see Table 4). Further, males were more likely to indicate more frequent desires for sex, compared to females (see Table 4).

Concessions for couples. Simultaneous regression with couples serving as individual data points ($N = 58$) found that together, the similarity of couples' gender role attitudes, career-orientation scores, and education levels predicted 16.8% of the variance in the frequency of coded mentions of concessions when couples were discussing their financial plans ($R^2 = .168$, $F(3, 55) = 3.711$, $p = .017$, $\eta^2 = .06$). Regarding the strength of individual predictors, the similarity of couples' education levels emerged as a significant unique predictor of the frequency of coded mentions of concessions in couples' discussions regarding their financial planning decisions ($\beta = .431$, $p = .002$), such that couples with more dissimilar education levels were more likely to mention statements coded as concessions in their discussions regarding their finances (the same predictive model did not significantly predict the frequency of coded mentions of concessions in couples' discussions of their future reproductive plans, see Table 5).

Concessions for individuals. Simultaneous regression methods with individual members of intimate couples serving as individual data points ($N = 118$) found that together, gender role attitudes, career-orientation scores, and education levels predicted 10.2% of the variance in the frequency of coded mentions of concession ($R^2 = .102$, $F(3, 115) = 4.32$, $p = .006$, $\eta^2 = .11$). Regarding the strength of individual predictors, career-orientation scores emerged as a significant unique predictor of the frequency of coded mentions of concessions in discussions regarding their financial planning decisions ($\beta = .321$, $p = .001$), such that individuals with more family-focused orientations were more likely to mention statements coded as concessions in discussion regarding their financial planning decisions with their romantic partner (the same predictive model did not significantly predict the frequency of coded mentions of concessions in couples' discussions of their future reproductive plans, see Table 6).

Negative desires for individuals. Simultaneous regression methods with individual members of intimate couples serving as data points ($N = 118$) found that together, gender role attitudes, career-orientation scores, and education levels predicted 13.4% of the variance in the frequency of coded mentions of negative fertility desires ($R^2 = .134$, $F(3, 115) = 5.871$, $p < .001$, $\eta^2 = .15$). Regarding the strength of individual predictors, education level emerged as a significant unique

predictor of the frequency of coded mentions of negative fertility desires in discussions regarding their fertility intentions ($\beta = .198$, $p = .025$), such that individuals with higher levels of education were more likely to mention statements coded as negative fertility desires in discussion regarding their fertility intentions with their romantic partner. More career-focused orientations ($\beta = -.201$, $p = .031$) were also associated with more frequent coded mentions of negative fertility desires in these discussions.

When future reproductive plans were first discussed. A one-way ANOVA demonstrated that how early in the relationship couples' reported having first discussed their fertility plans did not significantly affect the frequency of their coded mentions of compromise and agreement when discussing these fertility plans in the lab ($F(4, 50) = .75$, $p = .562$, $\eta^2 = .04$). However, how early in the relationship couples' reported having first discussed their fertility plans did significantly affect the frequency of their coded mentions of persuasion and disagreement when discussing these fertility plans in the lab ($F(4, 50) = 2.70$, $p = .041$, $\eta^2 = .48$), such that couples who had never discussed their fertility plans before were less likely to mention phrases coded as persuasion and disagreement ($M = 2.73$, $SE = 1.06$) than couples that had discussed their fertility plans within the first 6 months of their relationship ($M = 8.50$, $SE = 1.45$; Tukey HSD $M_{diff} = -5.77$, $SE_{diff} = 1.79$, $p = .018$).

Dating versus engaged/married. A series of t-tests demonstrated that married and unmarried (or "dating") individuals were equally likely to mention family-focused values, career-focused values, relationship-focused values, concessions relevant to their fertility plans and financial plans, compromise/agreement relevant to their fertility plans and financial plans, and persuasion/disagreement relevant to their fertility plans and financial plans. Taken together, this pattern of results suggests that expressions of power and personal values between intimate partners are making decisions relevant to their reproductive and financial futures, did not differ significantly based on marital status. However, married individuals did express stronger negative desires (desires not to get pregnant) and weaker positive desires, compared to unmarried individuals (see Table 7).

Education level. A series of ANOVAs demonstrated that individuals with varying education levels were equally likely to mention family-focused values, career-focused values, relationship-focused values, concessions relevant to their fertility plans and financial plans, and compromise/agreement relevant to their fertility plans and financial plans. Interestingly, post-hoc tests indicate that the overall effect of education level on expressions of positive desires to have children ($F(4, 113) = 6.03$, $p < .001$) is likely produced by couples with Graduate degrees, which expressed significantly more frequent statements coded as positive desires to have children compared to individuals with HS diplomas ($p < .001$), and individuals with Bachelor's degrees ($p = .003$). Further, the overall effect of education level on expressions of negative desires (desires to avoid having children; $F(4, 113) = 5.25$, $p = .001$) is likely produced by couples with Graduate degrees, who also expressed significantly more frequent statements coded as negative desires to avoid having children compared to individuals with HS diplomas ($p < .001$), and individuals with Associate's degrees ($p = .019$). As was found in the regression analyses employed above, the overall effect of education level on expressions of persuasion and disagreement in fertility-relevant decisions ($F(4, 113) = 5.33$, $p = .001$) is likely

produced by couples with higher levels of education (Bachelor's $M = 4.5$; Graduate $M = 4.67$) who expressed significantly more frequent statements coded as persuasion and disagreement compared to individuals with HS diplomas (2.03).

Socioeconomic status. A series of ANOVAs demonstrated that individuals with varying income levels were equally likely to mention family-focused values, career-focused values, agreement/compromise and persuasion/disagreement when discussing their financial and fertility plans. Further, income did not significantly affect the strength or frequency of fertility desires, nor did it affect positive or negative fertility desires. However, individuals reporting higher income being more likely to mention statements coded as relationship-focused values when discussing their fertility plans ($F(3, 114) = 3.10, p = .030$). Post hoc testing revealed that individuals reporting annual income exceeding \$45,000 expressed significantly more frequent statements coded as relationship-focused compared to individuals reporting annual income of less than \$25,000 ($p = .004$), between \$25,000 and \$45,000 ($p = .027$).

DISCUSSION

The current qualitative work illustrates that, contrary to predictions, the similarity of couples' gender role attitudes, career-orientation scores, and education levels does not significantly predict the frequency of their use of statements coded as compromise and agreement or persuasion and disagreement in their discussions regarding their future reproductive plans. However, trends in the data do suggest that couples with more similar career-orientation scores more frequently mentioned statements coded as compromise and agreement when working towards consensus regarding their child timing and number intentions, compared to couples with more dissimilar career-orientation scores. Furthermore, trends indicate that couples with more dissimilar career-orientation scores and education levels more frequently mentioned statements coded as persuasion and disagreement when working towards consensus regarding their child timing and number intentions, compared to couples with more similar career-orientations and education levels. This is consistent with previous work which finds that intra-household conflict regarding couples' future plans is far more likely when intimate partners have disparate education levels and values, compared to couples with more similar levels of education and career-aspirations (Basu, 1999 & 2002). This is also consistent with a more general body of literature explaining the distribution of power and the incidence of decision-making conflict in intimate relationships, which suggests that intimate partners with more similar values tend to engage in more shared decision-making practices (Falbo & Peplau, 1980).

When the same analyses were run using individuals (rather than couples) as individual data points, education levels significantly predicted the use of statements coded as persuasion and disagreement in discussions between intimate partners regarding their fertility intentions. Individuals with higher levels of education used significantly more persuasion and disagreement statements in their child timing and number discussions, compared to individuals with lower levels of education. As the use of persuasive statements is associated with having greater power in a given

social exchange (Clark & Delia, 1976; Falbo, 1977; Maguire & Dunn, 1997), we may conclude that individuals with higher education levels had greater social power regarding their fertility planning decisions. Importantly, this relationship between education and power when making decisions about one's reproductive future did not depend on sex (see Table 7). This runs counter to a social power perspective on changing fertility rates which suggests that falling fertility rates can be explained by the growing number of females pursuing higher education and the associated greater social power enjoyed by these females – this greater social power gives females the opportunity to realize their career and education related goals and down-regulate their fertility. This perspective suggests that the greater social power of more highly educated females does not shift reproductive decision-making from male-dominated to shared; instead, the implication is that these shifts place the reproductive decision-making power in the hands of females (Adsera, 2006; Hakim, 2003; Hollerbach, 1980). In fact, when females' and males' career and education backgrounds are used to predict current family size, previous work has found that only females' career and education significantly predicted fertility outcomes (Adsera, 2006).

Counter to this social power perspective on the nature of fertility decision-making in heterosexual couples, which suggests that fertility decision-making power has shifted from the hands of males to the hands of females, by and large results from this work are consistent with previous work suggesting that sex is not predictive of differential decision-making power (in fertility planning) in intimate couples (Schoen, Astone, Kim, Nathanson, & Fields, 1999). In fact, longitudinal data suggest that over time decision-making practices are becoming far more shared between the sexes in heterosexual couples (Volger, Lyonette, & Wiggins, 2007). Females and males in this work were equally likely to use statements coded as compromise/agreement, persuasion/disagreement, and concessions when discussing both their future fertility plans as well as future financial plans. In other words, females and males in the current sample shared equal power – as measured by the use of persuasion, compromise, concession, agreement and disagreement – in shaping their child timing, child number, and financial plans. Importantly, this work *did* replicate commonly demonstrated sex differences; such as females' stronger and more frequent desires to have children and males' more frequent reported desires for sexual gratification (Brase & Brase, 2012; Peplau, 2003). It is worth noting that these oft-demonstrated sex differences are particularly likely to appear in younger samples (such as ours), as females' desire for sex and sexual gratification increases with age (i.e., a peak in sexual desire in the early 30s; Schmitt, Shackelford, Duntley, & Tooke, 2002) and males' desire to marry and have children increases with age (Mahay & Lewin, 2007).

Another sex difference which has been previously demonstrated in the sex and communication literature similarly supports a social power perspective: the finding that, in mixed-sex dyads, males tend to talk more, use more assertive speech (Leaper & Ayres, 2007), interrupt more (Athenstaedt, et al., 2004), and females tend to use more acquiescent, supportive, and affiliative speech (Anderson & Leaper, 1998). However, these sex-stereotyped styles of communication (e.g., males displaying indicators dominance, and females displaying submission and agreeableness) are more common in same-sex dyads, than mixed sex dyads

(Mulac, Wiemann, Widenmann, & Gibson, 2009). Further, when mixed-sex dyads are made up of romantic partners, sex stereotypical communication styles have been demonstrated to reverse; with females less agreeable and more confrontational than males (Suh, Moskowitz, Fournier, & Zuroff, 2004). In our sample, not only were females and males equally likely to use verbal indicators of agreement and compromise as well as persuasion and disagreement when discussing their financial and fertility planning decisions, overall females and males did not differ in the number of coded phrases that they shared during the interview. Taken together, our findings do not demonstrate evidence of sex-stereotyped styles of communication, and this in part is likely due to the fact that our mixed-sex dyads were made up of romantic partners.

While not directly related to current predictions, results from the current study do suggest that the relationship between the similarity of couples' career-orientation scores, gender role attitudes, and education levels and their use of persuasion/disagreement and compromise/agreement in future planning decisions may depend on the type of decision being made. The strength of the relationship between these predictors and the use of statements coded as persuasion/disagreement and compromise/agreement does change depending on whether couples were discussing fertility or financial plans. For example, the current model did significantly predict the frequency of coded mentions of persuasion/disagreement in fertility-relevant decision-making tasks, but not financial decisions. Further, the current model did significantly predict the frequency of coded mentions of concession in financial-relevant decision-making tasks, but not fertility decisions. Taken together, these trends in data suggest that the current predictive model may operate differently when predicting the distribution of decision-making power in different types of decisions made by intimate partners. There may be something unique about the distribution of decision-making power in intimate couples when making decisions about their reproductive futures, compared to the way decision-making power is distributed generally within that couple. Future work, with larger sample sizes, is needed to better discern these predictive relationships.

While this study provides important insight regarding the collaborative nature of decision making in young, intimate partnerships, it does have several limitations that are of note. For example, the couples involved in this study were not asked to indicate their level of commitment to or satisfaction with their current relationship. Importantly, relationship commitment is a predictor of fertility desires and outcomes (Heaten, Jacobson, & Holland, 1999; Qu, Weston, & de Vaus, 2009). One variable that we could use to approximate relationship commitment is relationship length – as relationships with greater levels of commitment tend to persist longer without dissolution. Bivariate correlations did reveal that couples which had been together longer were more likely to make more frequent expressions of relationship-focused values when discussing future fertility, and (somewhat surprisingly) report stronger negative and weaker positive desires to have a baby. While future work should include indices of relationship commitment and satisfaction to further explore this relationship, our work suggests that more committed, unmarried partners may have stronger desires to prioritize the quality of their relationship, and lesser desires to pursue childbearing.

Another limitation of the current work is the lack of ethnic diversity of our sample. Our sample self-identified as largely white/Non-Hispanic (87.3%) which limits both: 1) the generalizability of our findings and 2) our ability to draw conclusions about the differences in fertility decision-making practices between ethnic groups. Indeed, ethnic differences have been demonstrated in age at first birth, with ethnic minority members (e.g., Mexicans, Non-Hispanic blacks, Puerto Ricans, and Central/South Americans) in the United States experiencing an earlier age at first birth, compared to Non-Hispanic whites and Asian/Pacific Islanders (Centers for Disease Control and Prevention, 2016). Besides ethnicity, other demographic factors demonstrate a strong relationship with various fertility decision-making processes. For example, higher reported religiosity (which was not assessed in the current sample) is associated with both higher fertility intentions as well as higher experienced fecundity (Hayford & Morgan, 2008).

This work also demonstrated that when couples first discuss their fertility plans may predict the extent to which they disagree and use persuasive tactics when later discussing these fertility plans. Specifically, couples that had discussed their fertility plans within the first 6 months of their relationship more frequently used persuasion/disagreement phrases in their discussion of fertility plans than did couples that had not yet discussed these plans with one another. These findings are consistent with previous work that suggests that, over time, couples are more likely to employ social strategies designed to gain their partner's compliance (Dillard & Fitzpatrick, 1985) perhaps due to the fact that the more time individuals invest in a partnership, the less likely they are to defect from that pairing (Coleman, 2009; Felmler, Sprecher, & Bassin, 1990). Therefore, the use of persuasive, compliance-gaining strategies may be 'safer' when both partners have invested more time and efforts into a particular relationship.

This qualitative study provides a first glance into the conditions which might favor compromise or domination in couples' discussions of their reproductive futures. While the predictive models employed here generally did not significantly predict the frequency of use of phrases indicative of shared (compromise/agreement) or inequitable (persuasion/disagreement) power within intimate relationships, the results do suggest that decision-making power seems to be relatively shared between females and males in heterosexual relationships. Couples which have previously discussed their fertility intentions, as well as couples wherein a partner has achieved a higher levels of education, are more likely to demonstrate evidence of inequity (e.g., persuasion/disagreement). Further, couples with greater education disparities may be more likely to demonstrate inequity in their financial decision-making processes (e.g., concessions). Given the sample size employed in the current study and the nature of the sample (that most participants were recruited from a college campus), these findings should be replicated in older, more diverse (socioeconomically, ethnically, educationally, etc.) populations to explore the reliability of this pattern of results. Future work should also explore other potential predictors of power distribution within an intimate partnership, in an effort to construct more powerful predictive models.

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