

“Happy Accident?” Couples’ Reproductive Decision-Making and the Role of Gender, Power and Reproductive Autonomy in the Netherlands.

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Introduction

Globally, research and interventions on fertility often focus on women and their reproductive autonomy in high-fertility contexts (Upadhyay, 2014). However, individual, female-focused conceptualisations of reproductive autonomy overlook the role of men and couple dynamics in explaining and understanding fertility outcomes (Sahay, 2020). Although the need to involve men in reproductive health and fertility research and interventions is increasingly being recognised (Hardee, 2020), a knowledge and attention gap remains with regard to the importance of couple dynamics in reproductive decision-making processes.

Being a low-fertility context, only a few studies have focused on reproductive autonomy and couples’ reproductive decision-making in the Netherlands (e.g. Matar et al., 2020). However, partners do not necessarily desire the same number of children (Duvander, 2020). Research shows that, on average, Dutch women have higher desired fertility than men, and that they do not always achieve their desired fertility: rather, women’s actual achieved fertility is comparable to men’s desired fertility. Although recent data on this topic is scarce, in 2011, when the total fertility rate was around 1.76, Dutch women aged 15-39 on average would ideally have 2.3 children compared to men who felt 1.81 children would be ideal (OECD, 2011; Eurostat, 2021).

In contrast to many high-fertility contexts, fertility explanatory factors such as access to contraception, education and gender inequality are less profound in the Netherlands. Yet, this makes it even more interesting to study couple dynamics in this context: into what extent do couples go through conscious, mutual decision-making processes or do they experience ‘happy accidents’? And how do gender and power dynamics play a role? The objective of this study is to better understand couple’s reproductive decision-making processes in the Netherlands with specific attention to the role of gender, power and reproductive autonomy.

Theoretical background

A couple’s fertility can be considered an outcome of a reproductive decision-making process. This process reflects both partners’ individual reproductive beliefs, schemas, motivations, intentions and desires. This can be captured by cognitive-behavioural theories such as reasoned action approach (Fishbein and Ajzen 2010) or cultural schema theory (D’Andrade and Strauss 1992; Strauss and Quinn 1997; Quinn 2011). Cultural schema theory explicitly takes culture into account but also the reasoned action approach acknowledges that beliefs are constructed based on culture and other contextual factors, and that significant others play an important role in individual’s intentions to behave.

The dyadic partner-schema model (Wilde and Dozois 2019) integrates cognitive-behavioural theories with interpersonal theory. It assumes that both partners have so-called ‘self-schemas’, i.e. how they see themselves, and ‘partner-schemas’, i.e. how they see their partner. Couples’ dynamics arise based on both individuals’ schemas of the self and their partner. Negative partner schemas may lead to dysfunctional interactions, which again reinforces negative partner schemas. A partner’s ‘own characteristics and intrapersonal processes act as filters through which the interpersonal situation is perceived and responded to’ (Wilde and Dozois 2019, 16). Couples’ decision-making processes are a result of both individual and interpersonal factors, or couple

dynamics (Wilde and Dozois 2019). Important parts of such couple dynamics are power dynamics and verbal and non-verbal communication. Individual factors can for instance include subjective wellbeing (Aassve et al., 2016).

The couple creates a shared decision-making process in which they interact, communicate and negotiate their individual beliefs, experiences and desires in order to create a shared reproductive reasoning, motivations and goals or intentions. This process takes place over time and is, among other things, influenced by power dynamics within the couple, which can be expressed both verbally and nonverbally.

Both partners have a certain degree of reproductive autonomy, i.e. 'having the power to decide about and control matters associated with contraceptive use, pregnancy, and childbearing' (Upadhyay et al., 2014, p.20). Reproductive autonomy can be shaped by gendered power inequalities based on socio-cultural norms. For instance, in some patriarchal contexts, men are considered the household decision-makers. But also other factors, such as level of education, income, age and religion, can shape a person's degree of reproductive autonomy.

Equal power dynamics in the couple could be considered a desired outcome as this leads to equitable informed and collaborative reproductive decision-making. However, power has a relative ability within couples: the moment one partner is more *powerful* and thus has higher 'ability to engage in behaviours against a partner's wishes (*self-focused*), or the ability to control a partner's actions' (*other-focused*) (Pulerwitz et al. 2000, p.640), it implies that the other partner is *powerless*.

Communication accommodation theory (Gallois & Giles, 2015) indicate convergence and divergence of verbal and nonverbal behaviour as the two primary patterns of interpersonal communication. They found that powerless partners may accommodate powerful partners because of their perceived inability to adapt to the communication styles of their partner. Malik and Lindahl (2004) and Schmid (2012) have developed tools to observe couples' communication styles and for couples to reflect on their communication dynamics themselves.

Based on the premise of cognitive schema theories, a couple's jointly constructed reproductive reasoning, desires, goals and motivations are always individually perceived or interpreted by both partners based on their individual schematic templates. For instance, when you jointly express the desire to have many children, one partner may think you mean three children, while the other may mean six children. Also, joint reasoning can still differ from both partners' individual reproductive reasoning, desires, goals and motivations.

Methods and output

Participant recruitment and data collection started in October 2021. Couples are purposively sampled for various characteristics, including same-sex couples and couples of which one partner has a physical disability. Although dependent on data saturation, around twenty couples are expected to participate. Data collection is planned to be finalized in 2021.

Dyadic in-depth interviews are conducted to obtain couples' joint reproductive decision-making processes and to observe couples' dynamics during the interviews. To better understand their communication and power dynamics, both participants individually reflect directly after the interview on how the interview went and, -- guided by items on self-reported and partner-reported assertiveness --, into what extent their individual views were considerably expressed during the interview. Then, the couple reconvenes to share their reflections with their partner and the interviewer.

The preliminary findings will be discussed and validated in a focus group discussion with relationship therapists in early 2022. In addition to academic publications, the research findings will be used by consultant and sexologist Sanderijn van der Doef to create a web-based quick tool that can support individuals and couples to initiate and streamline their reproductive decision-making processes. This research and development of the web-based quick tool are supported by a Share-Net International small grant.

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