Power Dynamics in Couples' Communication about Their Fertility Decision-Making Processes in the Netherlands – *extended abstract*

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Introduction

Research on fertility often focuses on women's desired and achieved fertility (Upadhyay et al., 2014). However, in the case of couples and other intimate relationships, fertility can also be considered an outcome of a joint fertility decision-making process. Although the need to involve men is increasingly being recognised, a knowledge and attention gap remains with regard to the importance of couple dynamics in fertility decision-making processes (Hardee, 2020; Sahay, 2020). Over time, couples interact, communicate and negotiate their individual beliefs and desires in order to create shared fertility reasoning, motivations, goals or intentions (Stein et al., 2014; Wilde & Dozois, 2019). This process is influenced by power dynamics within the couple, which can be expressed both verbally and nonverbally (Abbas & Khan, 2023; Alonso-Ferres et al., 2021). This paper aims to better understand power dynamics as observed in couples' verbal and nonverbal communication about their fertility decision-making processes in the Netherlands. The dyadic partner-schema model (Wilde & Dozois, 2019) was applied to study both partners' 'self-schemas' and 'partner-schemas'.

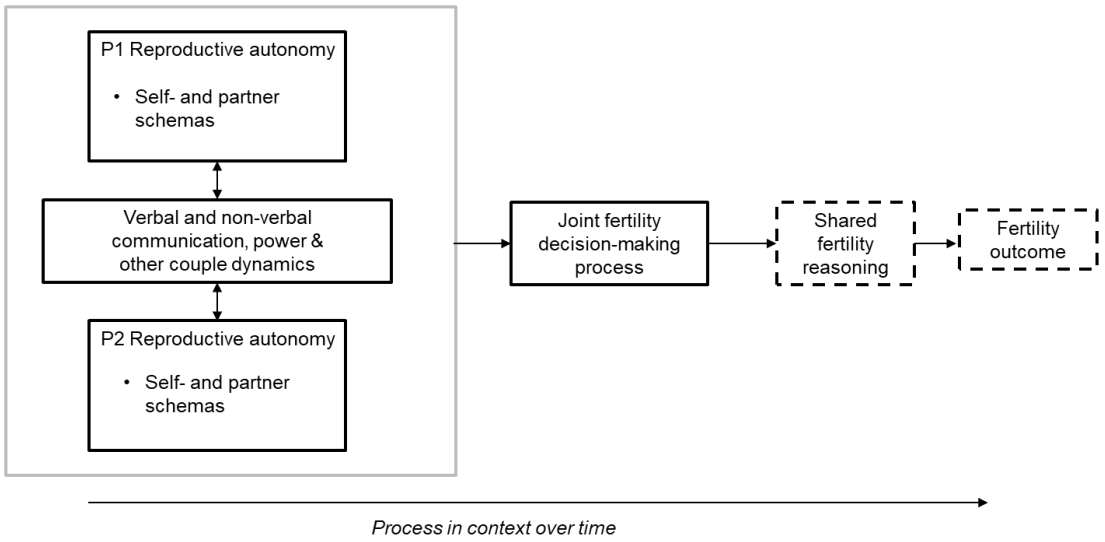

Figure 1 Conceptual model of a couple's joint fertility decision-making process based on the dyadic partner-schema model: P1 = partner 1; P2 = partner 2 (Wilde & Dozois, 2019)

Methods

Dyadic in-depth interviews were conducted between October 2021-July 2022 with 21 couples: 11 identified as cisgender and heterosexual, and 10 as lesbian, homosexual, bisexual and/or transgender (LGBT). Ten couples did not have children, the other 11 couples were expecting or had 1-4 children. Three participants had children with a previous partner. The participants were aged 26-54 years old. Although participants were purposively recruited with a wide variety of background characteristics, a majority of the participants was white, higher educated and not religious. Several participants described themselves as neurodivergent, such as having autism or ADHD, or to have physical disabilities. The interviews took 2 hours and 29 minutes on average, and they were audio and video recorded and transcribed verbatim. To validate the findings, the preliminary findings were discussed in a focus group discussion with four fertility desire therapists, organised and led by a sexologist.

Preliminary findings

This section will first discuss the schemas participants showed about their own fertility desire and of their partners. Then, it discusses how interactions between the partners shaped their joint fertility decision-making process, including issues of verbal and non-verbal communication, power dynamics, interdependency, commitment, trust and in Dutch 'gunnen', i.e. granting or wishing something, such as having a child, for the other partner.

Self schemas and communicating individual fertility desires

A comparison between the cisgender heterosexual and LGBT couples showed that gender identity and sexual orientation played a role in participants' ability to communicate about their fertility desire. First of all, it seemed easier for the LGBT couples to discuss their fertility desires. One reason could be because they started the conversation earlier on in the relationship - knowing that trying to have children would require a long trajectory. Another reason could be that the trajectory implies that the couple needs to conduct research on the various options and that there are many decisions to be taken, which may structure and breakdown the bigger conversation into many smaller, manageable conversations. Lastly, the LGBT couples would need to verbally decide on whether they want to have children. This was different in the case of fertile heterosexual couples, where pregnancy could also occur while still undecided, for instance shaped by interpretations of non-verbal communication, mutual assumptions, a lack of contraceptive use, and a desire to let nature decide when they were undecided themselves.

In the following example, both partners were undecided and hoped that the other partner would make the decision for them, as explained in the following quote:

> *"And now he says, 'you have to talk me into it and if you push me hard enough I will say yes'. And he will say yes, I know that, if I put my foot down. His arguments against are not strong. He says: 'if you want a second kid, who is there to stop you?' Well, the person who is responsible for the second kid half of the time [laugh]. I do have doubts.. and I wish.. I want him to talk me into it instead of the other way around. But he doesn't." (Female partner in heterosexual relationship)*

Partner schemas: Nonverbal communication and assumptions

When couples knew that they had divergent fertility desires, they could find it difficult to talk about their fertility desire. As a result, some of these couples had trouble creating a good moment to discuss, or to know which questions to ask each other. Miscommunication and tensions could arise when partners diminished their verbal communication and started to interpret each other's nonverbal behaviour and develop assumptions about what their partner wanted. In the following example, a woman ended up pregnant with their fourth child after unprotected sex. Even though she knew that her partner had not shown interest in having another baby, she hoped that the unprotected sex meant that her partner had changed his mind about having a baby. However, when she found out she was pregnant, her partner was very clear he did not want it, and she ended up having an abortion against her desire to keep the baby:

> *'It feels double because on the one hand, I so much wanted to keep the baby that it makes me think: yes, maybe he would have turned around, maybe it would have gone okay. He is such a good father, and the nights… we really take up those caring tasks together. But I could see that he was really depressed and I don't know him like that. I thought that I would have been*

> *responsible for wrecking our family if he had become depressed, whether he had stayed with us or not. I didn't want that, so it felt selfish to keep the baby only for me because I wasn't doing anyone else a favour with it.' (Female partner in heterosexual relationship)*

(Gendered) power inequalities, strategies and other couple dynamics

When faced with divergent fertility desires, participants could develop strategies to start or influence the conversation or to negotiate what they wanted. In cisgender heterosexual relationships, gendered power inequality was found when male partners took a firm or more 'rational' position and positioned their female partner to be more 'emotional'. When their partners would take a firm yes or no stance, some participants could find it difficult to get in touch with their own desires, as it made them mostly occupied with their partner's desire and could feel forced to take an opposite stance. The following female participant explains how this worked with her:

> *At a certain moment, when we had been trying for a while, I doubted: is my fertility desire authentic? Because he so much did not want it* [have a baby]*, that it made me lean towards… there was no space for me to think about what I wanted. Because he was so anti, I automatically leaned towards it being nice. And now, now I notice my doubts come up. Yes, now that I am pregnant, because he is so pro now. I only have space for that now." (Female partner in heterosexual relationship)*

However, other couples indicated that rather than taking opposite stances, they would 'drive the middle lane'. In this situation, they would explore various scenarios together, which created space to be in doubt together and as such to have more open, less tense conversations.

Some female participants in the heterosexual relationships could show stronger communication skills or more topical biological knowledge than their male partner. However, it should be noted that these differences could also be attributed to the partner desiring a(nother) child being more proactive in initiating, and thus preparing, the conversations. In the heterosexual relationships, this was often the female partner.

One female participant indicated how she would strategize by choosing the right moments, e.g. bringing it up when in the car or taking a walk in the park where they would not need to be facing each other, and not to discuss it too often –maybe twice a year-, to prevent her partner from accusing her of 'whining'. Some participants felt that they would need to offer their refusing partner something in return, for instance compensating the care investment of a baby by proposing to reduce their own work hours such that their partner would not be affected too much in their work hours or free time.

Reproductive autonomy and interdependency in the joint fertility decision-making process

It was noted that contraceptive use, or the lack thereof, could play a role in partner's reproductive autonomy within heterosexual couples. For instance, some women wanted to have another child and, for various reasons, no longer used hormonal contraception. However, this increased the chance for pregnancy, also when the male partner did not want to have another child. Several men, who did not want to have another child, did not seem to be aware of long-acting reversible male methods, and they seemed hesitant to have a vasectomy. This left them with few opportunities to prevent pregnancy, i.e. condom use and natural family planning. As such, the women in the heterosexual relationships could potentially use this contraceptive advantage to influence the fertility outcome.

For some couples, a divergent fertility desire could lead to perceived interdependency, especially when they had been together for a while: partners could fear that 'not giving in' to their partner's desire could lead to breaking up the relationship.

Commitment, trust and 'gunnen' in the joint fertility decision-making process

Several participants acknowledged that they themselves or their partner had more power in their relationship. However, participants who were aware of their own power advantage could fear to abuse this by framing or pressuring their partner, which would make them consciously withhold themselves. On the other hand, some partners recognized how they were being persuaded by their partner to have a baby, such as the following male participant who acknowledged that his partner had stronger verbal skills which influenced their conversation but who also understood her underlying desire. As such, unequal power relations in couples could come with issues of commitment and trust, and partners could end up 'gunnen' [in Dutch] their partner a baby, i.e. granting to or wishing a child for the other partner, even if they felt differently themselves:

> *'And because we have a deeper connection, we trust each other, like 'I have to be a mother now because otherwise it might be too late'. Yes, I know that that may not be true and that she can also still become a mother at age 35. I can see through that but eh… it does show how deeply she wants this. But because I choose to be with her, I also trust whatever she wants and says, and even if she has stronger verbal skills, I know it comes from a good heart.' (Male partner in heterosexual relationship)*

Even though the joint fertility decision-making process can be considered at outcome of individual desires, some couples emphasized the importance of maximising the couple or family level wellbeing rather than the individual level. For instance, one couple, who had four children, indicated how they work as a team. Whenever one partner was tired or needed some time for themselves, the other partner would take over. Another couple, who found themselves in different life stages due to an age difference, also decided to consider the happiness of the family as a whole as the basis for their fertility decision-making, even if that meant both giving in a bit as individuals. In their case, this meant that they try to have another child but that the older partner, who did not want to have another child, would take up less care responsibilities and be granted more alone time.

Discussion and conclusion

This paper aimed to better understand power dynamics as observed in couples' verbal and nonverbal communication about their fertility decision-making processes in the Netherlands. Overall, it seemed easier for LGBT couples to communicate about their fertility desire compared to the heterosexual couples who experienced divergent fertility desires. Power dynamics and interdependency could diminish verbal communication and make it difficult for partners to upkeep their individual reproductive autonomy, thus complicating the joint fertility decision-making process. This decision-making process was further complicated in cases of unprotected sex and incorrect assumptions about the partner's desires. However, commitment, trust and 'gunnen' in the relationship; aiming at maximising the couple or family level wellbeing rather than that of the individual; and together exploring various scenarios rather than taking opposite, firm stances seem to positively contribute to the joint fertility decision-making process. It should become more mainstream for young people and adults to develop the required interpersonal communication skills to discuss and decide about their fertility with their partner, for instance via sexuality education or relationship therapy.

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