

UC Berkeley

UC Berkeley Previously Published Works

Title

We Kind of Met In-Between: A Qualitative Analysis of Young Couples Relationship Dynamics and Negotiations About Pregnancy Intentions.

Permalink

<https://escholarship.org/uc/item/4zh849kb>

Journal

Family planning perspectives, 52(2)

Authors

Arteaga, Stephanie
Downey, Margaret
Freihart, Bridget
[et al.](#)

Publication Date

2020-07-01

DOI

10.1363/psrh.12136

Peer reviewed



Published in final edited form as:

Perspect Sex Reprod Health. 2020 July ; 52(2): 87–95. doi:10.1363/psrh.12136.

“We kind of met in-between”: A qualitative analysis of young couples’ relationship dynamics and negotiations about pregnancy intentions

Stephanie Arteaga¹ [Research Associate, Sexual Health and Reproductive Equity (SHARE) Program], Margaret Mary Downey¹ [Graduate Student Researcher, SHARE Program], Bridget Freihart¹ [Graduate Student Researcher, SHARE Program], Anu Manchikanti Gomez^{1,*} [Assistant Professor, School of Social Welfare, and Director, SHARE Program]

⁽¹⁾Sexual Health and Reproductive Equity Program, School of Social Welfare, University of California, Berkeley, 110 Haviland Hall MC 7400, Berkeley, CA 94720-7400, USA

Abstract

Context: The robust body of literature examining reproductive decision-making often focuses solely on women, neglecting men’s roles and the importance of relationship context.

Research with couples is vital to understanding joint decision-making—or lack thereof—about reproduction, particularly at various stages of relationships and during different developmental stages of the life course.

Methods: We conducted in-depth, individual interviews with 50 young women and their male partners (n=100) in Northern California in 2015-16, employing a theoretical sampling approach to yield a socioeconomically and racially/ethnically diverse sample. We utilized a dyadic, thematic analytic approach to examine if and how prospective pregnancy intentions and current pregnancy desires are negotiated at the couple-level, and how relationship dynamics influence negotiation and decision-making processes.

Results: Twenty-three couples described joint pregnancy decision-making processes, which required purposeful communication and, for some, negotiations involving compromise, and acceptance. For 22 couples, these processes led to aligned prospective pregnancy intentions, even when current desires differed. The remaining 27 couples described individual pregnancy decision-making processes; many partners’ intentions aligned by happenstance, while others avoided communicating their true desires to partners. Notably, some of these couples faced relationship difficulties, including poor communication, leading some participants to misinterpret or be unaware of their partner’s pregnancy intentions and desires.

Conclusion: These findings highlight the importance of the relationship context for the formulation of prospective pregnancy intentions among young people. Counseling protocols, interventions, and policies attending to the complex factors influencing young couples’ pregnancy calculus are needed to better support couples in attaining their reproductive goals.

* *Corresponding author:* Anu Manchikanti Gomez, Sexual Health and Reproductive Equity Program, School of Social Welfare, University of California, Berkeley, 110 Haviland Hall MC 7400, Berkeley, CA 94720-7400, USA, anugomez@berkeley.edu, (P) 510-642-0722, (F) 510-643-6126.

Introduction

The extant literature examining reproductive decision-making processes, including the formulation of pregnancy intentions (*a priori* plans or goals and anticipated timing for future pregnancies) and pregnancy resolution (e.g., abortion, parenting, and adoption), largely focuses on the individual context of women's decision-making. Studies examining men's pregnancy intentions and desires often do so from the perception of their female partner,¹⁻⁸ though these perceptions may be inaccurate.⁹⁻¹¹ Despite limitations, these studies illuminate the degree to which women's pregnancy intentions and desires are associated with perceptions of their male partner's feelings toward pregnancy.^{1,3,11} For example, one study found that, among young women aged 14-21, the likelihood of retrospectively reporting a pregnancy as desired was four times higher among women who perceived their partner felt positively about the pregnancy,³ while in another study of women aged 18-22. The few studies including men found that men describe multiple, complex factors, both within and outside of their relationship context, with regards to reproductive decision-making,¹²⁻¹⁵ including positive reactions to pregnancies they did not intend to occur,¹⁴ and the belief that pregnancies can occur beyond the planned/unplanned binary.¹³ Men have also been found to express a more positive orientation toward parenting than their female partners.¹¹

While the literature on men's pregnancy perspectives and their influence on women's perspectives and/or subsequent pregnancy outcomes has grown, scant research examines reproductive decision-making from a dyadic perspective in the U.S. context, particularly among young women and their partners. This gap is notable, as international research on dyadic reproductive decision-making suggests varying, complex decision-making processes across cultures.¹⁶⁻²⁰ For example, studies examining childbearing among Bangladeshi and Nigerian couples found that wives had less power over fertility decision-making early in their marriages compared to women who had been married longer and, thus, had acquired more power in their relationship.^{18,19} Notably, this change in decision-making power for Nigerian couples is mediated by the couple's parity; women's level of decision-making power increased as the number of living children increased.¹⁹ Another study of Austrian couples found that nulliparous women had stronger influence over fertility decision-making than their male partners.¹⁷ Inversely, cultural norms in some countries afford men greater sexual and reproductive control, erasing women's role in reproductive decision-making and leading to unwanted pregnancies for some^{21,22}; one study of Bangladeshi couples found that over a third of women reported having become pregnant when they did not want to due to sexual coercion at the hand of their husbands.²² These decision-making processes are especially important to consider among young couples in emerging adulthood, classified as ages 18-25, an important developmental time period characterized by the transition from casual dating to more serious relationships.²³

The couple context is meaningful for both health and the development of pregnancy intentions. Research indicates that alignment in pregnancy intentions within couples may affect prenatal care use² and initiation,²⁴ as well as birth outcomes.⁷ Additionally, different desires regarding future pregnancy within couples can shift subsequent fertility behaviors toward or away from having a child.^{16,17,25} In a nationally representative study of married

couples, different pregnancy desires among partners shifted a couple's joint intention toward not having a child.¹⁶ This phenomenon can differ by parity; among Austrian couples with differing pregnancy desires, those without children were more likely than those with children to develop a joint intention to have a child.¹⁷ These findings highlight the importance of differing pregnancy desires within couples for the formation of subsequent pregnancy intentions,²⁶ especially given the influence of relationship dynamics, including relationship type, commitment, power, and expected relationship length, on aspects of reproductive health, such as contraceptive use,²⁷⁻³³ expected feelings about unintended pregnancy,^{34,35} and pregnancy resolution.^{34,35} This may be especially salient for young couples, where partners may be aligned in their current intentions to avoid pregnancy but may have different future intentions.

In order to better support individuals in attaining their reproductive desires, it is imperative to understand how couples make reproductive decisions. While previous studies have examined alignment in pregnancy decision-making, intentions, and desires among samples including both men and women,^{11,16-20,35} these studies have not utilized U.S. data,^{17,18,20} used retrospective data¹¹, or only included married^{16,18-20} or cohabiting³⁵ couples. Furthermore, only one study examined decision-making processes couples used when intentions and desires differ,³⁵ and none focus on young couples, despite the higher rates of unintended pregnancy among young women compared to older women.³⁶ In this analysis, we examine prospective pregnancy intentions (e.g., desire and timelines for future pregnancy) and current pregnancy desires among young couples at various stages of their relationships, including marriage, cohabitation, and casual dating. Specifically, we examine how prospective pregnancy intentions are negotiated at the couple-level, the influence of relationship dynamics, and if and how couples with different current pregnancy desires formulate a joint prospective intention.

Methodology

This analysis utilized qualitative data from a mixed methods study examining pregnancy desires, planning and decision-making among young women and their male partners in the San Francisco Bay Area. The qualitative study aim was to inform development of new measure of pregnancy intentions. Therefore, our sample focused on young women, owing to higher rates of unintended pregnancy,³⁷ and their male partners. Data collection occurred in 2015-16. Women were eligible for the study if they were ages 18 to 24; were not pregnant or trying to become pregnant; could participate in English; and identified a primary male partner age 18 or older with whom she was sexually active and had been in a relationship with for at least two months. We used a two-month cutoff to capture couples in relationships past the period when initial breakups often occur.²⁸ Both partners had to reside in the San Francisco Bay Area and be willing to participate. Recruitment efforts included flyering in community organizations, universities, and community colleges, and online advertisements on Craigslist and Facebook. We employed a theoretical sampling approach, utilizing quotas and iteratively shifting focus to target populations of interest (e.g. students, parents) to maximize diversity in the sample vis-à-vis racial/ethnic background, educational attainment, and parenting status.³⁸ The Committee for the Protection of Human Subjects at the University of California, Berkeley, approved the study protocol.

The study PI (AMG), and Project Director, both of whom have extensive qualitative interviewing experience, trained interviewers in a co-led two-hour session covering the basics of qualitative interviewing, such as rapport building, reflexivity, and probing. Interviewers also completed multiple practice interviews, and received feedback from the Project Director on their first interview. The final interviewer team included seven graduate students, the Project Director, and PI. Interviewers were racially and ethnically diverse, identifying as Latina/o, Asian, Black, and/or White, and included four cisgender men and five cisgender women.

Members of couples participated in in-person, simultaneous, individual interviews at local universities and a public library. All interviews were conducted individually, in separate, private rooms, to facilitate honest sharing about participants' views on their relationships and pregnancy desires and intentions. Due to the sensitive study topics, interviewers and participants were matched by gender in order to facilitate rapport building and interviewee comfort, and ensure data quality.³⁹ Prior to the interview, participants provided written informed consent and completed a brief, self-administered survey including measures of prospective pregnancy intentions, demographic characteristics and contraceptive use. As participants completed surveys individually, reporting of relationship length and type could differ within some couples. We used a semi-structured interview guide, exploring relationship history, contraceptive decision-making, and various concepts related to pregnancy, including desires and intentions. We used the same questions for all participants, with slight modifications to reflect participant gender. Each participant received a \$30 incentive. Interviews averaged 77 minutes, and digital recordings were professionally transcribed. Members of the study team reviewed the transcripts while listening to recordings to ensure accuracy and remove personal identifiers.

We utilized the “Sort and Sift, Think and Shift” analytic approach for the initial analysis and codebook creation, in which three members of the study team, including two authors, read each partner transcript in its entirety and created three extensive analytic memos per couple to capture emergent themes.⁴⁰ Memos focused on pregnancy desires, motivations, and plans: two individual-level memos explored these topics from the perspective of each partner, and a third couple-level memo delved into these topics within the relationship context. Memo creation, as well as the content captured in the process, informed iterative development of the codebook, which focused on relationship dynamics, including expected longevity, communication patterns, and willingness to sacrifice; contraceptive preferences and decision-making; and pregnancy intentions and desires, including influences on pregnancy plans and perceptions of their partner's intention and desire. We coded the data utilizing a “lumping” approach, coding larger excerpts of text to capture topics and themes identified in memos.⁴¹ We utilized Dedoose software for coding.

For the present analysis, we employed a thematic approach, focusing on a section of the interview guide exploring participants' perspectives about and plans for pregnancy. Specific questions used to elicit this information included, “Have you ever talked to your partner about having a baby?” and “When would be the ideal time for you to become pregnant?” Additionally, interviewers probed participants on whether pregnancy was something they talked or avoided talking about with their partner, whether they could see themselves having

a(nother) baby with their partner, what influenced their timelines for pregnancy, and whether or not they thought their partner wanted a(nother) baby. We explored alignment within couples in two domains: prospective pregnancy intentions and current pregnancy desires. Prospective pregnancy intention was operationalized as the timeline for an individual's first/next pregnancy, desire for future pregnancy, and ideal family size. By focusing on prospective, rather than current intentions, we were able to explore how alignment differed among participants based on expected relationship length and the extent to which couples had discussed their pregnancy intentions. Current pregnancy desire was operationalized as whether or not an individual currently wanted to become or get their partner pregnant. Unlike current intentions, there was diversity in current pregnancy desire, as individuals may have desires upon which they do not act. Based on a previous analysis, we did not consider pregnancy ambivalence as a domain of alignment, as we found few participants who were ambivalent in the sample, as well as the high potential for existing measures of ambivalence to misclassify pregnancy intentions.⁴²

We entered each participant's prospective pregnancy intention and current desire into a couple-level data matrix to compare the two domains within couples.⁴³ Next, we explored the influence of relationship dynamics on the alignment of couples' pregnancy perspectives, identifying negotiation strategies, or lack thereof, used in joint and individual reproductive decision-making. We specifically examined participants' descriptions of strengths and challenges of their relationship, what the future held for them as a couple, and their communication and negotiation about pregnancy. We then mined the couple-level analytic memos to further assess how relationship dynamics differed among couples who described making reproductive decisions together and those who did not. The first author selected quotes to represent study findings; these quotes were reviewed by the PI for clarity and fidelity. Throughout the results, quotes are identified with pseudonyms to demonstrate breadth of data. Additionally, we include participants' age, relationship status, and parenting status, as these characteristics were considered to be salient to the analysis.

Results

Sample characteristics

The average participant age was 23 (SD = 4) overall, age 22 (SD=2) for women and age 24 (SD=4) for men (Table 1). Two-thirds (n=65) of participants were employed full-time or part-time. More than half (n=58) were privately insured, a third (n=32) had public insurance, and 10 were uninsured. Most participants (n=71) had some college education or a college degree, while nearly a quarter (n=22) had a high school diploma or less.

Among the 50 couples, 37 had been together for over a year. Eighteen couples were married, engaged or cohabiting. In 19 couples, both partners were parents, while in three couples, only one partner was a parent. In 16 couples, both partners were currently students; in another 20 couples, one partner was a student. A majority of couples (n=36) described alignment in both their prospective pregnancy intentions and current pregnancy desires. Seven couples described aligned prospective pregnancy intentions and different current pregnancy desires, while another seven described different prospective pregnancy intentions.

Summary of Qualitative Themes

Nearly half of couples (n=23) described joint pregnancy decision-making processes; twenty-two couples aligned in their prospective pregnancy intentions, while 15 aligned in their current pregnancy desires. Negotiation strategies employed when pregnancy desires differed included compromise (one partner compromising on their current pregnancy desire) and acceptance (each partner being okay whether a pregnancy occurs or not), resulting in aligned prospective pregnancy intentions. Central to all joint decision-making processes was communication; all couples described explicitly communicating with their partners to make decisions about their pregnancy desires and intentions. The remaining 27 couples, some of whom described hardships with communication in their relationships, described individual decision-making. While most of these couples (n=21) aligned in both their prospective pregnancy intentions and current pregnancy desires, this largely occurred by happenstance, rather than explicit negotiation.

Joint Decision-Making

Twenty-three couples described making decisions about pregnancy with their partners. Many of these participants described positive relationship dynamics—characterized by love, understanding, and communication—that enabled them to formulate joint intentions. Notably, over half of these couples were already parenting together, potentially facilitating conversations around these topics. Through communicating about pregnancy and parenthood, these couples' individual prospective intentions developed in a way that largely mirrored each other. Ashley, a 21-year-old parent and married woman described how different family experiences growing up led her and her partner to have differing desires in terms of family size.

I also grew up in a big family, so like I don't like the idea of having more kids. So I said, "I want to just have one because I can spend a lot of time with him and get to know him"... But (partner) grew up as an only child, and he's like, it's lonely...he goes, "I would rather have a lot of kids than just be the only child." Because I'm the second oldest out of seven, so I'm just like, no!

Her partner, in turn, described how conversations between the two shaped their joint intention to have no more children:

Yeah, like she tells everyone, "Yeah, he wants a big family, but I'm okay with him." And you know, I'm good, too. I agree. Now I agree, whereas before I'd say, yeah, but I want maybe like three, three kids, three or four. But we just – the conversations included just the dynamics of the family, how is (son) gonna react, how is it going to be for us to take, for me and her, to take care of two kids?

-Lucas, 21-year-old parent and married man

Similarly, Leah, a 24-year-old non-parenting woman in a serious relationship, described how she and her partner negotiated a joint intention. Her partner lamented the lack of individual attention and guidance that comes with having four siblings:

I'm one out of five...so I never had that push from my family because it's five kids, so like you know, there's so much going on. So none of us actually got individual

attention. We even talk about like our kids, like we want to be able to have, like give them the right push and like be there for them.

-Chris, 24-year-old man, non-parent in a serious relationship

While Leah mentioned initially desiring more children than her partner, communication with him about his experiences led her to realize the challenges associated with a larger family.

So like one thing I had mentioned this earlier, like I'm an only child, so I wanted to have like four or five kids. I was like, I want to have like a little soccer team and like drive a little minivan, like that's like what my vision was. And Chris is like, "Whoa! Hold on! Five kids is a lot. I grew up in a house of five kids, and my parents, like we drove them crazy. Like, we should rethink negotiation in terms of like how many kids we think we'd want..." So he kind of like put me in check in a way, like, "Okay, let's rethink. I know you're an only child, so you want the one first kid to have a sibling. How about two?"

As a result of these conversations, Leah and Chris developed more aligned desires. Notably, they did not describe actively compromising or sacrificing their desires to align with their partner, but rather elucidated how their desires evolved through communication.

While some of these couples initially had different prospective intentions, through open communication, they formed new intentions that were reflective of their relationship and shared future plans. Positive relationship dynamics were also evidenced by the ways in which these partners described their intentions through the lens of their relationship rather than an individual lens, as demonstrated by one couple's descriptions of their plans for their next pregnancy:

Initially our plan was to have a kid and have another one within the first two to three years, and my son is almost two and a half now...And because of that, without the stability of my career and the fact that I would be the one that would have a kid and would be out of work for most likely three months afterwards, if not a few weeks before giving birth, that's where we have to really contemplate our timing. So we decided to probably wait one to two years from this point on. So hopefully in one to two years, we will either have a kid or start trying.

-Jenna, 23-year-old parent and married woman

Her partner described their decision-making process similarly, using "we" language:

So when he was first born, we were thinking of having a kid within a year and a half or two years from then, and he's over two-years-old now, so the plan has changed pretty much consistently with the time. So that being said, I mean it's definitely changed from, oh, a year and a half and two years from that date to now, it's four or five years from that date.

-Tim, 23-year-old parent and married man

Like this couple, others employing communication and shared decision-making as a negotiation strategy expected longevity in their relationships; none of these participants expressed concerns about breaking up in the future.

Compromise

For five couples, prospective intentions were driven by the current pregnancy desire of one partner (the female partner in four couples). All but one of these couples expressed alignment in their pregnancy intentions, despite all having unaligned current pregnancy desires. For these couples, negotiation of a joint prospective intention involved one partner actively compromising on their individual, current desires. For example, in one couple with discordant relationship classifications, the male partner, Ricky, a 26-year-old non-parenting man with a girlfriend, described his current desire to become a father but also that he and his partner were avoiding pregnancy because of her desires:

Me, I'm getting older and like to think the sooner the better, so I could spend more time of my life with my children, but at the same time, I don't want to feel like I'm pressuring her to have my children because I want to grow up with kids, you know.

Ricky described how now would not be the right time for his partner to become pregnant because she had recently graduated college and planned to pursue a graduate degree. His partner, Megan, a 23-year-old non-parenting woman in a serious relationship, confirmed this: "I'm going to be getting my master's in Germany, and I don't want to have a kid when I'm getting my master's." Notably, she was aware of her partner's desire for a child, saying, "I think he wants kids just as soon as possible, to be honest." Ricky noted that his prospective intentions were mostly shaped by his partner, saying the ideal time for pregnancy would be "whenever she's ready." Similarly, Derek, a 26-year-old parent and engaged man, noted he wanted to have another child but was waiting to actualize this desire until his partner was ready: "I do want another kid, like, I'm ready for one now, it's just on her. I'm not going to force her to have another kid, you know?" His partner, Becca, a 23-year-old parenting woman in a cohabiting relationship, acknowledged his desire for pregnancy but did not feel ready to have another child: "Like he wants to have one right now, and I kinda want it to be planned to make sure it's the right time," with the right time being the summer after she graduated. Notably, in one couple, the female partner's desire to have a child led the intention of the couple to become pregnant rather than to avoid pregnancy. The male partner, Connor, a 22-year-old non-parenting man in a serious relationship, described conceding to his partner's desires and try for pregnancy, despite feeling that it was not the right time.

She wants one, and to keep her happy, I'll give her one. I mean, I'll do the best I can. I'm going to do what I gotta do to support the kid and stuff, be the best of a dad I can. But I'm not going to stop going to school and working, that's what I look forward to.

For some of these couples, active compromise was facilitated by improvements in their relationship dynamics; despite having experienced past challenges with communication, they also described having overcome those hardships and arriving at a more positive place in the relationship. As Becca described:

In the beginning, I wouldn't express how I felt, because I didn't know how, but eventually I did leave just for two weeks, but after I came back, I think that made it easier for me to express how I felt. And he didn't realize what he was doing because I never told him. So after I let him know how I felt, I think that just made things better and I understood... like I learned to talk to him more and let him know how I feel.

Becca and Derek described communicating in order to make the relationship work. This communication extended to discussing their differing current desires for pregnancy.

“If It Happens”- Acceptance

Notably, in two couples, both partners described taking a passive approach to pregnancy in order to negotiate aligned prospective pregnancy intentions in light of differing current pregnancy desires. Jessica, a 19-year-old parent and married woman, described how her commitment to her partner led her to accept the possibility that she may not have another child, despite her current desire to have another:

I'm married to you, I already married you, and it's just like, I want another kid, you don't, but you don't really know if you want another kid, because you keep going back and forth with it. So it's kinda like, I really don't want him to take that decision away from me, but as his wife, I think that might be a sacrifice we have to take because you know, like I said, if it happens, it happens, if it doesn't, it doesn't. And I think I have come to terms with that.

When asked how she and her partner had reconciled their differing current desires, she responded:

I don't know if we'd ever actually try [to get pregnant]. Like lay together and be like, let's have a baby. Um, like I said, I think it would have to be an “if it happens, then it happens, if it doesn't, then it doesn't...” I think we've come to the term, because, like I said, I go back and forth, but he always says no. Like, he doesn't want to have another kid. So I think that's kind of where we met in-between. If it happens, it happens, if it doesn't, it doesn't.

This “if it happens” language was also used by her partner:

I know she wants another one, I know she does. So I mean like, I'm definitely not trying to have one, but if it happens, I'm hoping for another boy...either way we're going to have another one if she's pregnant, so I've gotta get used to it.

-Diego, 21-year-old parent and married man

While Diego did not want any more children at the time and possibly ever, if a pregnancy were to occur, he would find it acceptable, in part because he knew his partner wanted another child. Similarly, the other couple in this category also expressed differing current desires towards pregnancy; Sara, a 22-year-old Latina non-parenting woman in a serious relationship wanted to avoid pregnancy due to school and career plans, while her partner, Josh, a 22-year-old Latino non-parenting man in a serious relationship expressed a current desire to have a child. Neither partner explicitly sacrificed their pregnancy desire, rather, they both described being okay with whether or not a pregnancy occurred, finding either

outcome acceptable. These couples found a middle ground by neither explicitly trying for nor avoiding pregnancy, with neither partner completely sacrificing their own desires.

Individual Decision-Making

The remaining 27 couples, the majority of whom were not parenting (n=19), described pregnancy decision-making that occurred at the individual level. Notably, most of these couples (n=21) had aligned prospective pregnancy intentions and current pregnancy desires. For some couples, alignment appeared to be influenced by similar educational and career plans. Indeed, nearly half of these couples (n=13) were current students planning to postpone childbearing until they had completed schooling and established careers. For example, Anna, a 24-year-old, non-parenting woman with a boyfriend, described her pregnancy intentions:

Just because I'm thinking of like, you know, 3 years of law school, 2 years of gap years, so that's like 5 years, and I'm already 24, so I'll be like 29-30. And I'm aiming for around that age.

Her partner, Eric, a 21-year-old, non-parenting man with a girlfriend, described similar timing, centered on educational milestones:

Currently I'm 21, and I still have maybe about 3 more years of schooling. That's even before becoming a doctor, because I'm going first to a master's, and then trying to get my doctorate...for me, I think that would be around age 27 or even 28.

Notably, in 7 of these 13 couples, at least one partner had prospective intentions that existed outside of their relationship; their intentions were based on individual desires and life plans, independent of their relationship and partner. Thus, the alignment of prospective intentions was more coincidental than shared. Although many could envision having children with their partner, most of these participants expressed uncertainty about the fate of their relationships due to their educational and career plans. When asked what the future held for him and his partner, Kyle, a 22-year-old, non-parenting man in a serious relationship, said,

That's something I think about a lot and something that worries me. Because I want to go to medical school; she wants to go to dental school, and there is no way of guaranteeing that we're going to be in the same place for those four years. And even after that there's residency, so who knows if we're going to be in the same place then?

When asked the same question, his partner expressed similar sentiments:

I want to stay together obviously, and I know Kyle thinks that the future probably holds marriage and children. And I mean I'm not averse to that, I like marriage and children, too. I'm just not sure about—because with our careers, because he's a pre-med student, and he wants to go to medical school, and if I go to dental school, there is no guarantee that we're going to end up in the same area of the country. And then there's residencies after that, where you can't really choose where you live.... So I don't know how that's going to work out, but if we did stay in the same place I would imagine us staying together for the long haul, I suppose.

-Lisa, 21-year-old, non-parenting woman in a serious relationship

Like this couple, other current and intended health professional and graduate students also held pragmatic views about potentially separating and/or breaking up before meeting intended milestones, as they were often unsure of where their educations and/or careers would take them.

Notably, six couples who described individual pregnancy decision-making disclosed hardships in their relationship, such as difficulties with communication. In turn, many were unable to express their true desires and intentions to their partners. This led to unaligned prospective intentions in five couples, where one partner appeared to be unaware of their partner's prospective intentions. For example, in one couple, the female partner was avoiding pregnancy indefinitely in order to complete her education and wait for her relationship to improve. When discussing the possibility of having another child with her partner, she said:

I guess it all depends on how it plays out, like, if he makes these big changes, yeah. But if it's still the same, I don't know. I'm torn in between, like 50-50. Because I don't want to have another kid and like it be the same thing, you know? Because the first couple years with like her and like him, oh it was horrible. I mean, it wasn't that bad, but it was pretty bad.

-Angie, 24-year-old parent and cohabiting woman

Her partner, Jay, a 28-year-old, parenting man in a serious relationship, seemed to be unaware of her feelings. When asked why he could envision having more children with his partner, he said, "Because we already have one, and she says that she wants to have more, so, it's just a matter of making it happen from there." Angie acknowledged that Jay would like to have another child with her, but had not expressed her feelings to him: "It's like so hard to say, because right now, like I haven't told him how I've felt, like, I felt torn." Other participants echoed this sentiment, describing the difficulties they felt with communicating their true desires to their partners. Bryan, a 23-year-old, parenting man in a serious relationship, described wanting to wait until he and his partner were more financially stable before having another child, though his partner desired a faster timeline:

I think her main issue is that she just doesn't want her children to be too far apart in age. That's like her biggest issue. And I feel the same way too, but I just don't feel like that's a good reason to just have a kid.

When asked how they reconciled their differing prospective intentions, he responded, "I guess we don't really have like no middle ground at the moment." While his partner sensed that they may have different prospective intentions, she acknowledged that she did not actually know:

He's never really told me. I'm sure he wants to finish school first so he can support two kids, but I feel like that'd be too far apart, for me at least, and as long as I finish school first, that's all that matters.

-Karina, 23-year-old, parenting woman in a serious relationship

This couple's lack of communication was not something new in their relationship; limited conversation about contraception and pregnancy ultimately led to a previous unintended pregnancy, resulting in the birth of their child. Currently, they were not using contraception, despite Bryan's clear desire to avoid pregnancy. He lamented this, saying he wished he were better prepared to communicate with his partner.

I don't know if they teach that. Like you were asking me, you know, did we ever speak about it or plan on it, and I guess, we kinda, we left it up to chance, and then it did happen. So yeah, I would just say just really educating [on] like communication and use of contraceptives. Especially communication, you know... the communication in a couple, just making sure that both people inside of a relationship are on the same page.

For one couple in a serious relationship, unaligned prospective intentions stemmed from the male partner's intention to never have children and the female partner's intention to have a child with this partner in the future. Steven, a 22-year-old non-parenting man in a serious relationship, had not explicitly communicated these plans to his partner, instead responding with non-committal language when discussing pregnancy. Here, he described discussing the ideal time for pregnancy with his partner:

Here's the kicker. My girlfriend would like to have kids, and she would like to have it more at a younger age. Uh, so she's thinking like late 20s, that would be preferred option... when I have a discussion with her I will try—because it is so far away, because I'm in the moment—I will try to say, “Okay, you know, okay, okay, okay.”

When asked why he had avoided sharing his intentions, Steven said, “I may be far more attentive to what's happening now as opposed to what's happening in the future.” Despite not communicating his feelings to his partner, she described feeling that he was not being honest about important things in their relationship, including his prospective intentions, and instead “pacifying” her by saying he did want to have children.

Sometimes he says like, “Oh I don't want to be responsible for like kids,” and that kind of stuff, and I'm like, “Okay, then why did you tell me that [you wanted kids] before?” and then he'll be like, “No, I'm just saying that. I do want to have children.”

-Denise, 22-year-old non-parenting woman, serious relationship

While Denise described confronting him about misrepresenting his true pregnancy intentions to her, she mentioned that he denied her concerns.

Yeah, well not about the kids specifically, but about other things. I'll say, like, “If you're lying to me just so you don't hurt my feelings, in the end, you will end up hurting my feelings even more.” So and then he's like, “I'm not lying to you,” so I mean, I guess I should believe him.

In addition to lack of communication, uncertainty about relationship longevity was at play for six couples. Unlike the student couples with aligned intentions, where both partners were cognizant of the fact that they may not stay together, only one partner in four of these couples expressed uncertainty about the longevity of their relationships. Overall, couples with unaligned prospective intentions did not exhibit the same positive relationship dynamics that allowed the couples who envisioned relationship longevity and had aligned prospective intentions to successfully negotiate their pregnancy plans.

Discussion

While the literature suggests the importance of the couple context for a range of decisions, including reproductive decision-making,^{2,7,16,17,24,25} scholarship examining how relational dynamics influence reproductive decisions among couples has largely been limited to international settings and marital or cohabiting relationships. In this study of young couples, we found that decision-making related to prospective pregnancy intentions often happens at the couple-level, with a variety of relationship factors, including communication and expected relationship longevity, being integral to decision-making processes.

A majority of couples in this study had aligned prospective intentions, despite some couples having different current pregnancy desires. Given that most couples agreed on a joint intention, even when current desires differed, reproductive health programs should engage this relational context and offer services to couples. Notably, in the U.S., it is normative for women to carry the social, medical, and financial burden of pregnancy prevention.⁴⁴⁻⁴⁷ While these norms are largely the result of long-standing, disproportionate social scrutiny of women's sexual and reproductive lives,^{44,48,49} they may also be unintentionally perpetuated by men^{50,51} and family planning providers^{45,52-54} in an effort to uphold women's reproductive autonomy. Research has found that family planning providers often focus on a female patient's individual intention for planning,⁵² and question men's commitment during contraceptive counseling visits,⁵⁴ ignoring the important role that men and relationship context play in developing pregnancy intentions and reinforcing the assumption that fertility work is women's responsibility. Because family planning providers often provide knowledge and support to patients, they are uniquely poised to disrupt these narratives. For example, family planning providers can normalize discussions of partner's pregnancy intentions and desires with their patients during family planning visits, as well as discuss relationship concerns regarding joint decision-making.

In this study, we found that communication was a common tool that many participating couples utilized to make decisions about their reproductive lives together. However, a subset of participants had prospective intentions that did not align, mostly due to relationship difficulties, particularly lack of communication. Furthermore, because communication is also central to contraceptive decision-making and use,⁵⁵⁻⁵⁷ increased positive communication among couples could help reduce risk of pregnancy for those who do not wish to become pregnant. In light of these findings, programs supporting positive communication in sexual relationships are needed for young people. Normalizing these practices for young people before they enter into sexual relationships could promote knowledge and confidence in discussing what are, at times, stigmatized and under-developed

topics for youth. Given that communication and decision-making are encompassed in the core components of comprehensive sexuality education,⁵⁸ these programs may be particularly successful in increasing positive relationship communication and other healthy reproductive behaviors early in the life course. Further research examining the quality and content of positive communication is also needed to better inform these types of interventions for young people and ensure their success.

Strengths and Limitations

This study is one of the few to qualitatively examine pregnancy decision-making among young U.S. couples at various points in their relationships. Employing a dyadic approach, we were able to put into conversation data from both partners, rather than relying on individuals' perceptions of their partner's perspectives. This approach allowed us to gain novel insights into the ways in which young couples make decisions about their reproductive lives. While qualitative research does not aim to be generalizable, our results only reflect the young couples interviewed in the San Francisco Bay Area. Additionally, our sample included only cisgender individuals in heterosexual, primarily monogamous couples. By recruiting women avoiding pregnancy at the time of screening, our sample included many couples where partners had the same current pregnancy intentions, which limits our analysis of how couples negotiate different intentions. Additionally, partners agreed to participate in this study together; these couples may exhibit more positive relationship dynamics than those where one or both partners would not agree to participate. However, positive relationship dynamics do not necessarily equate to concordant views on pregnancy, as reflected in our sample. Finally, a longitudinal approach would provide additional insights into how young couples negotiate reproductive decisions vis-à-vis life changes and achievement of milestones.

Conclusions

Pregnancy prevention efforts continue to target women, despite ample research indicating the important role of partners in reproductive decision-making. In order to better support young, partnered individuals in attaining their reproductive goals, it is imperative to design counseling protocols, interventions, and policies around the couple perspective. Neglecting to do so can misalign these efforts and potentially alienate patients in intimate relationships. Furthermore, in order to consider family planning within the couple context, it is necessary to shift away from the assumption that women bear responsibility for pregnancy prevention and instead focus on the complexity of factors that go into couples' pregnancy calculus, including the relational and material supports required to make those complex decisions with as much agency as possible.

References

1. Koren A, Mawn B. The context of unintended pregnancy among married women in the USA. *Journal of Family Planning and Reproductive Health Care*. 2010;36(3):150–158.
2. Hohmann-Marriott B. The Couple Context of Pregnancy and its Effects on Prenatal Care and Birth Outcomes. *Maternal and Child Health Journal*. 2009;13(6):745. [PubMed: 19381792]
3. Heavey EJ, Moysich KB, Hyland A, Druschel CM, Sill MW. Female Adolescents' Perceptions of Male Partners' Pregnancy Desire. *Journal of Midwifery & Women's Health*. 2008;53(4):338–344.

4. Cha S, Chapman DA, Wan W, Burton CW, Masho SW. Discordant pregnancy intentions in couples and rapid repeat pregnancy. *American Journal of Obstetrics and Gynecology*.
5. Jones RK, Moore AM, Frohwirth LF. Perceptions of Male Knowledge and Support Among U.S. Women Obtaining Abortions. *Women's Health Issues*. 2011;21(2):117–123. [PubMed: 21276735]
6. Miller WB, Jones J. The effects of preconception desires and intentions on pregnancy wantedness. *Journal of Population Research*. 2009;26(4):327–357.
7. Korenman S, Kaestner R, Joyce T. Consequences for Infants of Parental Disagreement in Pregnancy Intention. *Perspectives on Sexual and Reproductive Health*. 2002;34(4):198–205. [PubMed: 12214910]
8. Schwartz SL, Brindis CD, Ralph LJ, Biggs MA. Latina adolescents' perceptions of their male partners' influences on childbearing: findings from a qualitative study in California. *Culture, Health & Sexuality*. 2011;13(8):873–886.
9. Bankole A, Singh S. Couples' Fertility and Contraceptive Decision-Making in Developing Countries: Hearing the Man's Voice. *International Family Planning Perspectives*. 1998;24(1):15–24.
10. Becker S. Couples and reproductive health: a review of couple studies. *Studies in Family Planning*. 1996;27(6):291–306. [PubMed: 8986028]
11. Sipsma H, Divney AA, Niccolai LM, Gordon D, Magriples U, Kershaw TS. Pregnancy Desire Among a Sample of Young Couples Who Are Expecting a Baby. *Perspectives on Sexual and Reproductive Health*. 2012;44(4):244–251. [PubMed: 23231332]
12. Edin K, Nelson TJ. *Doing the best I can: Fatherhood in the inner city*. Univ of California Press; 2013.
13. Arteaga S, Caton L, Gómez AM. Planned, unplanned and in-between: the meaning and context of pregnancy planning for young people. *Contraception*. 2019;99(1):16–21. [PubMed: 30120926]
14. Augustine JM, Nelson T, Edin K. Why Do Poor Men Have Children? Fertility Intentions among Low-Income Unmarried U.S. Fathers. *The ANNALS of the American Academy of Political and Social Science*. 2009;624(1):99–117.
15. Gómez AM, Arteaga S, Ingraham N, Arcara J, Villaseñor E. It's Not Planned, But Is It Okay? The Acceptability of Unplanned Pregnancy Among Young People. *Women's Health Issues*. 2018;28(5):408–414. [PubMed: 30143419]
16. Thomson E. Couple Childbearing Desires, Intentions, and Births. *Demography*. 1997;34(3):343–354. [PubMed: 9275244]
17. Testa MR. Couple disagreement about short-term fertility desires in Austria: Effects on intentions and contraceptive behaviour. *Demographic Research*. 2012;26:63–98.
18. Gipson JD, Hindin MJ. 'Marriage means having children and forming your family, so what is the need of discussion?' Communication and negotiation of childbearing preferences among Bangladeshi couples. *Culture, Health and Sexuality*. 2007;9(2):185–198.
19. Bankole A. Desired Fertility and Fertility Behaviour among the Yoruba of Nigeria: A Study of Couple Preferences and Subsequent Fertility. *Population Studies*. 1995;49(2):317–328.
20. Mason KO, Smith HL. Husbands' versus Wives' Fertility Goals and Use of Contraception: The Influence of Gender Context in Five Asian Countries. *Demography*. 2000;37(3):299–311. [PubMed: 10953805]
21. Haider S, Todd C, Ahmadzai M, et al. Childbearing and Contraceptive Decision Making Amongst Afghan Men and Women: A Qualitative Analysis. *Health Care for Women International*. 2009;30(10):935–953. [PubMed: 19742366]
22. Fahmida R, Doneys P. Sexual coercion within marriage in Bangladesh. *Women's Studies International Forum*. 2013;38:117–124.
23. Arnett JJ. Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*. 2000;55(5):469–480.
24. Waller MR, Bitler MP. The Link Between Couples' Pregnancy Intentions And Behavior: Does It Matter Who Is Asked? *Perspectives on Sexual and Reproductive Health*. 2008;40(4):194–201. [PubMed: 19067932]
25. Testa MR, Cavalli L, Rosina A. The Effect of Couple Disagreement about Child-Timing Intentions: A Parity-Specific Approach. *Population and Development Review*. 2014;40(1):31–53.

26. Dudgeon MR, Inhorn MC. Men's influences on women's reproductive health: medical anthropological perspectives. *Social Science & Medicine*. 2004;59(7):1379–1395. [PubMed: 15246168]
27. Carter M, Kraft JM, Hock-Long L, Hatfield-Timajchy K. Relationship Characteristics and Feelings About Pregnancy Among Black and Puerto Rican Young Adults. *Perspectives on Sexual and Reproductive Health*. 2013;45(3):148–156. [PubMed: 24020776]
28. Kusunoki Y, Upchurch D. Contraceptive Method Choice Among Youth in the United States: The Importance of Relationship Context. *Demography*. 2011;48(4):1451–1472. [PubMed: 21887582]
29. Kraft JM, Harvey SM, Hatfield-Timajchy K, et al. Pregnancy Motivations and Contraceptive Use: Hers, His, or Theirs? *Women's Health Issues*. 2010;20(4):234–241. [PubMed: 20620912]
30. VanderDrift LE, Agnew CR, Harvey SM, Warren JT. Whose intentions predict? Power over condom use within heterosexual dyads. *Health Psychology*. 2013;32(10):1038–1056. [PubMed: 23025301]
31. Upadhyay UD, Raifman S, Raine-Bennett T. Effects of relationship context on contraceptive use among young women. *Contraception*. 2016;94(1):68–73. [PubMed: 26994674]
32. Manning WD, Flanigan CM, Giordano PC, Longmore MA. Relationship Dynamics and Consistency of Condom Use Among Adolescents. *Perspectives on Sexual and Reproductive Health*. 2009;41(3):181–190. [PubMed: 19740237]
33. Downey MM, Arteaga S, Villaseñor E, Gómez AM. More Than a Destination: Contraceptive Decision Making as a Journey. *Women's Health Issues*. 2017;27(5):539–545. [PubMed: 28412049]
34. Zabin LS, Huggins GR, Emerson MR, Cullins VE. Partner Effects on a Woman's Intention to Conceive: 'Not with This Partner'. *Family Planning Perspectives*. 2000;32(1):39–45. [PubMed: 10710705]
35. Sessler S, Miller A, Favinger SM. Planned Parenthood?: Fertility Intentions and Experiences Among Cohabiting Couples. *Journal of Family Issues*. 2009;30(2):206–232.
36. Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008–2011. *New England Journal of Medicine*. 2016;374(9):843–852.
37. Mosher WD, Jones J, Abma JC. Intended and unintended births in the United States: 1982–2010. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics; 2012.
38. Glaser BG, Strauss AL. Theoretical Sampling. In: *Sociological Methods*. Routledge; 2017:105–114.
39. Catania JA, Binson D, Canchola J, Pollack LM, Hauck W, Coates TJ. Effects of interviewer gender, interviewer choice, and item wording on responses to questions concerning sexual behavior. *Public Opinion Quarterly*. 1996;60(3):345–375.
40. Maietta RC. State of the Art: Integrating Software with Qualitative Analysis. In: Curry L, Shield R, Wetle T, eds. *Improving Aging and Public Health Research: Qualitative and Mixed Methods*. Washington, DC: American Public Health Association and the Gerontological Society of America; 2006.
41. Saldaña J. *The Coding Manual for Qualitative Researchers*. 3rd ed. Los Angeles, CA: Sage Publications Ltd.; 2016.
42. Gómez AM, Arteaga S, Villaseñor E, Arcara J, Freihart B. The Misclassification of Ambivalence in Pregnancy Intentions: A Mixed-Methods Analysis. *Perspectives on Sexual and Reproductive Health*. 2019;51(1):7–15. [PubMed: 30762937]
43. Miles MB, Huberman AM, Saldana J. *Qualitative Data Analysis: A Methods Sourcebook*. In. 3rd ed: Thousand Oaks, CA: Sage; 2014.
44. Gordon L. The Folklore of Birth Control. In: *Reproduction and Society: Interdisciplinary Readings*. Routledge; 2014:39–50.
45. Kimport K. More Than a Physical Burden: Women's Mental and Emotional Work in Preventing Pregnancy. *The Journal of Sex Research*. 2018;55(9):1096–1105. [PubMed: 28418714]
46. James-Hawkins L, Dalessandro C, Sennott C. Conflicting contraceptive norms for men: equal responsibility versus women's bodily autonomy. *Culture, Health & Sexuality*. 2018:1–15.
47. Fennell JL. Men Bring Condoms, Women Take Pills: Men's and Women's Roles in Contraceptive Decision Making. *Gender & Society*. 2011;25(4):496–521.

48. Martin E. The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles. *Signs: Journal of Women in Culture and Society*. 1991;16(3):485–501.
49. Bridges K. *Reproducing race: An ethnography of pregnancy as a site of racialization*. Univ of California Press; 2011.
50. James-Hawkins L, Dalessandro C, Sennott C. Conflicting contraceptive norms for men: equal responsibility versus women's bodily autonomy. *Culture, Health & Sexuality*. 2019;21(3):263–277.
51. Hamm M, Evans M, Miller E, Browne M, Bell D, Borrero S. "It's her body": low-income men's perceptions of limited reproductive agency. *Contraception*. 2019;99(2):111–117. [PubMed: 30336131]
52. Stevens LM. Planning parenthood: Health care providers' perspectives on pregnancy intention, readiness, and family planning. *Social Science & Medicine*. 2015;139:44–52. [PubMed: 26151389]
53. Kimport K, Dehlendorf C, Borrero S. Patient-provider conversations about sterilization: A qualitative analysis. *Contraception*. 2017;95(3):227–233. [PubMed: 27823943]
54. Kimport K. Talking about male body-based contraceptives: The counseling visit and the feminization of contraception. *Social Science & Medicine*. 2018;201:44–50. [PubMed: 29433012]
55. Cox S, Posner SF, Sangi-Haghpeykar H. Who's Responsible? Correlates of Partner Involvement in Contraceptive Decision Making. *Women's Health Issues*. 2010;20(4):254–259. [PubMed: 20620914]
56. Manlove J, Ryan S, Franzetta K. Contraceptive use patterns across teens' sexual relationships: The role of relationships, partners, and sexual histories. *Demography*. 2007;44(3):603–621. [PubMed: 17913013]
57. Harvey S, Henderson J, Casillas A. Factors associated with effective contraceptive use among a sample of Latina women. *Women & Health*. 2006;43(2):1.
58. United Nations Population Fund. *UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender*. New York: United Nations Population Fund;2014.

Table 1:

Demographic characteristics and reproductive desires, individuals and couples

Demographic Characteristic, Individuals	n
Total	100
Mean age, years (SD)	22.6 (3.5)
Women	21.6 (2.6)
Men	23.6 (6.3)
Race/ethnicity ^a	
Latino	45
Black	22
Asian/Pacific Islander	18
Native American	7
White	35
Multiracial	24
Educational attainment	
Less than high school	3
High school	19
Vocational or technical school, associate's degree	7
Some college	46
College graduate	25
Employment Status	
Working full-time	33
Working part-time	32
Unemployed	27
Disabled	1
Other ^b	7
Insurance type ^c	
Private	58
Public	32
Uninsured	10
Demographic Characteristics, Couples	n
Total	50
In a relationship for more than one year	
Yes	37
No	13
Married/engaged/cohabiting	
Yes	18
No	32
Parenting	
One partner	3
Both partners	19

Demographic Characteristic, Individuals	n
Neither	28
Current student	
One partner	20
Both partners	16
Neither	14
Intentions/Desire Category	
Aligned prospective pregnancy intentions, aligned current pregnancy desires	36
Aligned prospective pregnancy intentions, different current pregnancy desires	7
Different prospective pregnancy intentions	7

Notes:

- (a) Participants could report identifying with multiple racial and ethnic groups, thus the sum of all categories exceeds 100.
- (b) These participants described being self-employed, looking for work, interning, and in the process of starting a new job.
- (c) One participant reported having both public and private insurance. Another participant reported not knowing what type of insurance they had.