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Power and the gendered division of contraceptive use in Western European couples

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ABSTRACT

Recent research has approached contraceptive use, or "fertility work", as another household task that is primarily managed by women. Building on the theoretical frameworks of relative resource theory and gender perspectives, this study investigates the association between partners' power (measured as their relative education, division of housework and decision-making) and the choice of male versus female, or no contraception. Data from the Generations and Gender Survey for four Western European countries (Austria, Belgium, France and Germany; 2005–2010) are used to examine the hypotheses with multinomial logistic diagonal reference models. The results show that man's and woman's educational level are equally important predictors for a couple's contraceptive method choice. Furthermore, the findings suggest that households in which the man performs more housework or the woman has more say in decisions are more likely to rely on male methods or female sterilization, rather than on the more commonly used female reversible methods.

1. Introduction

Recently, some scholars have extended the established observation that women still perform the majority of housework toward the domain of contraception (Bertotti, 2013; Fennell, 2011). Couples' "fertility work", or the division of contraceptive responsibility between partners, also seems to fall primarily on women's shoulders. On the one hand, as most effective contraceptives are reversible and female, it follows logically that their use exceeds that of permanent and/or male methods. In Western Europe, 58.9 per cent of couples in which the woman is aged 15–49 use the pill, contraceptive injections, implants or intra-uterine devices, compared with 2.9 per cent relying on vasectomy, 6.3 per cent on tubal ligation and 7.6 per cent on condom use (United Nations, 2013). However, on the other hand, the observation that also the uptake of female sterilization exceeds that of male sterilization—although both are similarly effective and the latter implies lower physical and financial costs (Shih et al., 2011)—indicates that contraceptive choice is not purely a product of availability constraints (Fennell, 2011). It has been suggested that contraception shifts from being an individual's own responsibility and a means to protect him/herself against unintended pregnancy in the beginning of a relationship, toward a shared responsibility that is influenced by broader relationship dynamics in long-term relationships.

Despite the growing attention for the importance of incorporating the relationship context when examining contraceptive behaviour (e.g. Grady et al., 2010; Kusunoki and Upchurch, 2011; Manning et al., 2009; Stolley, 1996), research on the social

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determinants of contraceptive use has mainly studied the female population, because reproduction and contraception are often framed as a female sphere of influence (Edwards, 1994; Fennell, 2011). Moreover, the majority of studies, also those that have taken men's as well as women's preferences and childbearing desires into account, have limited their attention to individual demographic characteristics, such as the influence of educational attainment or income level on the adoption of certain contraceptive methods (Anderson et al., 2012; Martinez et al., 2006; Moreau et al., 2006; Mosher and Jones, 2010; Oddens et al., 1994a, 1994b; Spinelli et al., 2000).

Our paper aims to examine the association between couples' characteristics and their division of contraceptive responsibility. Because partners can have different needs and desires concerning contraception, they may not assess contraceptive methods in the same way (Grady et al., 1999). This implies that they will have to find a way to resolve differentials in priorities and perceptions. Elaborating on Bertotti's (2013) and Fennell's (2011) studies, two alternative power perspectives—the relative resource theory and the gender perspectives—are applied. As studies consistently find that higher marital power, or a partner's ability to impose his/her will on the other (Blood and Wolfe, 1960), increases one's say in couples' decisions-making (Lachance-Grzela and Bouchard, 2010; Mannino and Deutsch, 2007), there is also a growing awareness that power within sexual relationships may affect individuals' ability to meet their reproductive goals (Grady et al., 2010).

The main contributions of this research are threefold. First, to the best of our knowledge, it is the first to investigate whether and how power dynamics—measured as partners' relative education, the division of housework and decision-making power—are related to couples' male versus female contraceptive method choice. Previous studies' unilateral focus on how one's higher socioeconomic status is associated with more effective contraceptive use (Anderson et al., 2012; Martinez et al., 2006; Moreau et al., 2006; Mosher and Jones, 2010; Oddens et al., 1994a, 1994b; Spinelli et al., 2000) implicitly linked contraception to (particularly women's) empowerment and the ability to take control. By incorporating a couple perspective, the question can be raised whether this control over the couple's contraceptive domain leads men or women to either retain contraceptive responsibility or to transfer it to their partner. Until now, it remains unclear whether contraceptive responsibility can be linked to partners' higher or lower power. Second, by taking both reversible and permanent methods into account, we go beyond previous research that primarily looks at using any contraceptive, or on practicing either reversible or permanent contraception. Third, we focus on the context of Western Europe. As compared to the United States, research to contraceptive use has been rather limited in this region, although important differences have been identified (Mosher and Jones, 2010; United Nations, 2013). Whereas the first is characterized by notably higher rates of unintended pregnancy and sterilization, the latter shows higher prevalence of hormonal pill use and intra-uterine device. As this variance stems from many factors—cultural, legal, economic as well as health care related (Mosher and Jones, 2010), caution is needed when expanding conclusions drawn from research in the US to Western Europe. A subsample of the first wave of the Generations and Gender Survey (Austria, Belgium, France and Germany; 2005–2010) is analysed by using diagonal reference models, as this survey provides some of the most recent, nationally representative data available on contraceptive use patterns.

2. Previous research on the link between power and couples' contraceptive use

The lion's share of sociological research that has focused on the exercise of marital power in partners' joint decision making, has investigated how power processes shape the division of household chores, childcare and paid labour (Coltrane, 2000; Lachance-Grzela and Bouchard, 2010). Only limited attention has been paid to reproductive choices, and more specifically contraceptive use, as a possible outcome of couples' power balance (Grady et al., 2010) but a number of scholars does focus on the influence of partner differentials on couples' contraceptive use. Two types of studies can be identified. The first type focuses on asymmetries in partners' resources. Studies carried out in the United States have pointed toward the importance of taking couple heterogamy—in terms of age, education or race—into account when examining methods of contraception. Generally, it has been shown that the fewer similarities partners have, the less likely it is that they will use contraception (Ford et al., 2001; Kusunoki and Upchurch, 2011). A common explanation for these findings is that because of diverse sexual experience and knowledge, partners with differing characteristics have more difficulty in communicating effectively with each other about which contraceptive method to use (Ford et al., 2001; Kusunoki and Upchurch, 2011).

The second type of study examines partners' beliefs and commitment to the relationship. Having more traditional gender-role attitudes has been linked to a higher likelihood of opting for tubal ligation whereas couples' in which the wife holds more modern values seem to be more likely to choose for vasectomy (Stolley, 1996). Furthermore, research has demonstrated that having more relationship alternatives or lower commitment increases a person's say in contraceptive choice (Grady et al., 2010). At the same time, less committed relationships (e.g. occasional vs. cohabiting partners) and lower relationship intimacy have been found to be related to less contraceptive use and more inconsistent use (Kusunoki and Upchurch, 2011; Manlove et al., 2007; Moreau et al., 2006). Finally, Manning et al. (2009) found a negative relationship between a partner's perceived controlling behaviour and partner inferiority, and consistent condom use.

Of particular relevance is the study of Grady et al. (2010) that combines both types of research and identifies power as a multi-layered construct, thereby paying attention to the influence of partners' structural characteristics (i.e. education and income) as well as the attitudes and beliefs with regard to their relationship (i.e. relationship commitment, relationship alternatives and sex role egalitarianism). The results indicate that both power dimensions are associated to contraceptive method preference and choice. Their conceptualization of power—as a construct that can be identified on different