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Research Article

When partners' disagreement prevents childbearing: A couple-level analysis in Australia

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When partners' disagreement prevents childbearing: A couple-level analysis in Australia

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Abstract

BACKGROUND

Studies investigating the correspondence of birth intentions and birth outcomes focus mainly on women's and men's intentions separately and disregard the fact that reproductive decision-making is dyadic.

OBJECTIVE

We examine the intention–outcome link for fertility taking a genuine couple-level approach. We aim to understand whether a heterosexual couple's conflict is solved in favour or against childbirth and whether the male or the female partner prevails in the decision-making.

METHODS

Drawing on data from the survey Household, Income and Labour Dynamics in Australia (HILDA), we perform logistic regressions in which couples are the unit of analysis and the variables are computed by combining both partners' characteristics.

RESULTS

Results show that disagreement about having a first child is located between 'agreement on yes' and 'agreement on not,' with half of disagreeing couples having a child. By contrast, disagreement about having another child is shifted more towards 'agreement on not' and most often prevents the birth of a child. Women prevail in the decision of having a first child, irrespective of gender equity within the couple, while a symmetric doubleveto model is at work if the decision concerns a second or additional child.

CONCLUSION

Couple disagreement is not always sufficient to prevent the birth of a child in a low fertility country such as Australia, and the increasing level of gender equity within the couple does not necessarily imply increasing female decision-making power on childbearing issues.

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CONTRIBUTION

The predictive power of fertility intentions is more accurate in models including both partners' views. Fertility-related policies should consider the dyadic nature of fertility decisions.

1. Introduction

Childbearing requires a dyadic decision and behaviour. Nevertheless, studies in heterosexual family demography emphasise the woman's perspective as women are the main actors and the most reliable reporters of childbearing events. A couple-oriented approach has been adopted in a few studies (Fried and Udry 1979; Beckman et al. 1983; Morgan 1985; Thomson 1997; Thomson and Hoem 1998; Jansen and Liefbroer 2006; Miller and Pasta 1996; Miller, Severy, and Pasta 2004; Testa 2012). This literature has shown that models based on both partners' fertility intentions are more accurate than those based on only one partner's intentions (Fried and Udry 1979; Fried, Hofferth, and Udry 1980; Morgan 1985) and that models based solely on women's intentions are likely to be misspecified (Corijn, Liefbroer, and De Jong Gierveld 1996). Couple-level research requires high-quality survey data that includes information on both partners, possibly in repeated waves (i.e., longitudinal household surveys). This data is indispensable for ascertaining the differences between partners' reproductive goals and identifying the contribution of each partner to the ultimate birth outcome. Longitudinal surveys have recently been conducted in the framework of an international program, the Generations and Gender Survey, conducted in European and other affluent countries.

We investigate fertility decision-making in Australia using longitudinal couple-level data from the Household, Income and Labour Dynamics in Australia (HILDA) survey, which is part of the Generations and Gender Programme. We address several questions in the paper. In a context of high fertility control, is one partner's intention not to have a child in the next three years sufficient to prevent a birth? Is the resolution of couple disagreement in reproductive decision-making gendered? If so, which criteria are behind the gender differences in the implementation of fertility decisions?

In Australia the intended number of children among men and women in the key childbearing age range (20 to 44) is on average 2.25 (Keygan 2017). The completed fertility of most recent cohorts born in 1967–1971 is 1.98, which is below the replacement level of 2.1 children (Zeman et al 2017). This discrepancy generates a so-called fertility gap – a discrepancy between intended and achieved births (Harknett and Hartnett 2014) – the magnitude of which varies along the urban–rural divide (Gray and Evans 2018).

The aim of this paper is to look at the reasons behind such a discrepancy in a context in which contraception is widely used (Gray and McDonald 2010) and low fertility is combined with low gender equality in the family and in the labour market, such as Australia (McDonald 2013). First, we examine whether one partner's intention not to have a child in the next three years is sufficient to prevent a birth in a context of widespread use of modern contraception methods (absolute effect of disagreement). Second, we seek to understand whether the effect of disagreement is gendered (i.e., it depends on which of the partners, the woman or the man, supports the realisation of a childbirth) (signed effect of disagreement). Third, we attempt to clarify whether couples in which the two partners contribute equally to household income more equally share the decision to have a first child or another child (hereafter, a child) (gender equal effect of disagreement). The data fully supports the use of a dyadic approach by pointing to significant partner effects in reproductive decision-making.

2. Theoretical framework

Studies on birth intentions often borrow their theoretical framework from other disciplines such as sociology or social psychology. The theory of planned behaviour (Ajzen 1991) sees intentions as being formulated under the influence of three groups of factors: (a) personal positive and negative attitudes towards the behaviour; (b) subjective normative beliefs, that is, perceived social pressure to engage or not to engage in the behaviour; and (c) perceived behavioural control, that is, the ability to perform the behaviour, which may depend, for example, on the availability of housing, income, or other resources. Applied to the field of fertility (Billari, Philipov, and Testa 2009; Dommermuth, Klobas, and Lappegård 2011), the theory implicitly assumes that the perception of a disagreement with one's partner about having a child influences an individual's normative beliefs. An individual who intends to have a child and who perceives that his/her partner does not share this wish is likely to form the belief that the partner does not want her/him to have a child. This perception may influence the individual's own fertility intentions. For example, if the couple have no children and one of the partners intends to have a child, the partner who does not want to have a child may be more responsive to a partner's disagreement because of the perceived social pressure to become a parent. Since the theory of planned behaviour incorporates the partner's intentions only through the subjective normative belief component, it is more suitable for studies focusing on the target person's perception of his or her partner's view (i.e., couple analysis based on individual-level data; e.g., Testa 2012). However, it can be usefully adapted to the study of couple disagreement. A common conception is that the link between intentions and a behavioural goal can be interfered with by incomplete control over the behavioural goal, thus disrupting the transition from the intentional decision stage to actual behaviour (Ajzen and Madden 1986). In this context, it has been shown that partners' disagreement about having a child hinders the realisation of birth intentions (Testa, Cavalli, and Rosina 2014).

The traits-desires-intentions-behaviour theory (Miller 1986, 1994) explicitly considers the dvadic nature of reproduction, the disagreement effects of a couple's decisional conflicts (Miller and Pasta 1996), and the interaction between the partners at each stage of the sequence (Miller, Severy, and Pasta 2004). According to the theory, fertility intentions are desires constrained by reality, that is, a conscious commitment to act in a certain way or to achieve a certain goal at some future point. The goal of reproductive behaviour is to achieve or avoid a pregnancy. Intentions are assumed to incorporate the perception of the desires of significant others, above all the partner, as well as other factors that may prevent individuals from doing what they want to do. Miller and Pasta (1996) identify two main components of couple disagreement: the signed difference or influence effect, which depends on which of the two partners has more influence on the behaviour, and the absolute difference or conflict effect, which is independent of the desires of either partner. The conflict effect produces a delay in fertility decision-making due to inertia, which tends to favour the partner who does not intend to have a child in a context in which using contraception between births is standard practice (Davidson and Beach 1981; Beach et al. 1982). The influence effect may also produce a delay in fertility if a double-veto-power model is at work within the couple (Thomson, McDonald, and Bumpass 1990; Thomson 1997; Thomson and Hoem 1998; Voas 2003), which also requires that the two partners concur in their views before action is taken.

If the two partners differ in their birth intentions, whether in terms of the number of children or the timing of fertility, they try to reach a decision midway between the preferences of the two (Thomson 1997; Thomson and Hoem 1998; Thomson, McDonald, and Bumpass 1990; Jansen and Liefbroer 2006). A key issue concerns the criteria adopted by the couple to solve the conflict and whether one partner drives the decision-making process. Some criteria are based on the gender of the partner, others on the level of equality within the couple. The power heuristic, for instance, predicts that the partner who has greater access to socioeconomic resources prevails. As long as men have higher occupational and income levels than women, they will predominate in the couple's negotiation process. Male prevalence is also expected under the partner in whose sphere of interest a decision is located will have greater influence over subsequent behaviour. As long as childbearing tends to lie in the female sphere of interest, women will be more influential in the couple's fertility decision-making. This is the most likely scenario in

Australia, where the male breadwinner is the prevalent model and women have primary responsibility for childrearing tasks (Baxter, Hewitt, and Haynes 2008).

Gender equality in fertility decision-making is envisaged in two decision-making heuristics: the golden mean and the social drift approaches. According to the golden mean, partners view each other's intentions as equally important, and since they have equal negotiating power, they will try to strike a compromise that equally reflects their initial desires. This way of engaging in fertility decision-making would primarily result in a postponement of childbearing. Previous studies suggest that gender equality dominates partners' interaction in reproductive decision-making in several affluent countries (Jansen and Liefbroer 2006, for the Netherlands; Thomson 1997, for the United States; Thomson and Hoem 1998, for Sweden; Bauer and Kneip 2013, for Germany; Testa, Cavalli, and Rosina 2014, for Italy). According to the social drift heuristic, the status quo will be maintained by favouring the partner who does not intend to have a child if the use of contraception between births is routine. Neal and Groat (1980) demonstrate that women who perceive their broader environment as being unpredictable develop a lifestyle characterised by social drift, and they respond to events such as pregnancy as they happen rather than deliberately causing them to occur through their own efforts. In a qualitative study on birth intentions, this group would match the category of indifferent individuals, i.e., those who do not express a birth intention but do not rule out the possibility of having a child either and maintain a non-committal attitude towards childbearing (Bernardi, Mynarska, and Rossier 2015).

3. Research hypotheses

We believe that examining birth intentions and outcomes in a dyadic context is of paramount importance not only for deeper understanding of the reproductive decisionmaking process but also for uncovering the reasons why birth intentions do not always match the subsequent outcomes. To the best of our knowledge, this is the first ever study addressing the issue of partners' negotiation and couple fertility choices in the low fertility context of Australia.

Before considering the specific research hypotheses, we will clarify the terminology used. In the field of fertility intentions subtle differences in the terms used might imply major differences in the conceptual and analytical setting. This research considers intentions as "psychological states that represent what someone actually plans to do"; hence they are "desires constrained by reality" (Miller 1994: 228). As a commitment to act, intentions have to be treated as distinct from preferences, desires, and expectations. Moreover, as time- and parity-specific intentions of both partners, they are presumably the most realistic measure of behaviour. Behavioural intentions better correspond to

actual behaviour if they are specified in their target (child of a given birth order), context (partner at the time of the first survey), and time (short-term period of three years within which the birth is planned) (Ajzen and Fishbein 1977). Partnership and parity status as well as the specification of a short time frame have been identified in the literature as key factors in improving the accuracy in the predictive strength of birth intentions (Barber 2001; Rackin and Bachrach 2016; Dommermuth, Klobas, and Lappegård 2015). In this study we focus on whether the (dis)agreement within couples in wanting a child within three years affects their chances of childbearing.

In Australia the prevalent regime among couples is the use of contraception between births. The intention to have a child and the conception of a child require a change in the couple's standard behaviour (i.e., contracepting). Under such circumstances, the partner who does not intend to have a child in the three years following the interview would automatically have more decision-making power because her/his intention corresponds to the maintenance of the status quo (Davidson and Beach 1981). Partners who disagree about having a child will be less likely to have a child than partners agreeing on having a child because the one who does not want a child, irrespective of whether they are the female or the male partner, exerts a veto over the decision of the other partner (Hypothesis 1: absolute effect of disagreement).

Australian women traditionally have a major role in childrearing tasks and remain the main childcare giver within the couple (Baxter, Hewitt, Haynes 2008). We expect that women have more influence on childbearing decisions than men because childbearing belongs to their sphere of interests. Consistently, if partners disagree about having a child in three years, a childbirth is more frequently observed if the woman but not the man intends to have a child rather than the other way around; or alternatively, if the man but not the woman intends to have a child, a childbirth is less likely be observed than the other way around (Hypothesis 2: gender or signed effect of disagreement).

Gender equality within the couple might change the setting described above and let the heuristic of greater access to economic resources govern the couple's decisionmaking. We expect that partners who contribute equally to household income to exert the same degree of influence over fertility decisions if a conflict arises about having a child. Alternatively, the intention of the partner with greater access to economic resources will prevail (Hypothesis 3: gender equality effect of disagreement).

4. Data, measures, and models

The analyses are performed using longitudinal data from the Household, Income and Labour Dynamics in Australia (HILDA) survey. HILDA is a nationally representative household-based panel study. The study collects information yearly on different aspects

of life from each person aged 15 and older living in the household at the time of the interview. The identical set of questions is addressed to both partners, which allows us to conduct a fully comparative analysis of the responses within the couple. Following the dyadic nature of reproductive decision-making, we have used couple-level data. At baseline (2001), 13,969 people from 7,682 households had been interviewed. In 2011, a top-up sample of 2,153 households was added.³

4.1 Target sample

We pooled together the HILDA data from the waves conducted in 2005, 2008 and 2011, ending up with 6,981 heterosexual couples, which included people who were married or in a de facto relationship living together at the time of the interview. In these three waves, short-term (within three years) childbearing information was sought. We then followed the couples up to three years after the interview (13,832 couples-wave) to verify whether their intention of having a child within three years had been realised or not. Although the HILDA survey was administered to every member of the household aged 15 and older, the questions on fertility intentions were restricted to male respondents aged under 55 and female respondents aged under 45. In addition, the question on birth intentions was not asked if the respondent or the partner reported difficulties in having a child for medical reasons (4,508 observations). We further excluded couples pregnant at the time of the interview $(297 \text{ observations})^4$ and those with missing information $(797 \text{ observations})^4$ observations). Since we focus on (dis)agreement on positive fertility intentions in the couple, we have retained only those couples in which both partners reported valid information on wanting (or not wanting) to have a child in three years (1,569 observations excluded). The target sample was cut down to 1,329 couples for a total number of 1,845 observations (see scheme A-1 in the Appendix). Among these 1,845 observations, we excluded 108 (5.85%) cases which lacked information on the fertility history in the next three years; 97 (5.26%) cases of couples experiencing a partnership disruption during the time span considered,⁵ and 42 (2.28%) cases of couples reporting inconsistent information about childbearing and partnership disruption. We end up then with an

³ For further details on HILDA survey, please refer to Watson and Wooden (2002).

⁴ The survey reports the information about fertility intentions even if the couple is expecting a child at the time of the interview. Since the information is potentially misleading (we do not know if the declared fertility intention really refers to a future pregnancy or the respondent is thinking about the current one), we have used a conservative approach and excluded from the sample couples that were in a pregnancy at the time of the interview.

⁵ Among these couples, 73 did not experience any childbirth in the observation period and 24 had a childbearing experience (i.e., one of the partners had a child with a new partner).

analytical sample that consists of 1,598 observations made up of 1,274 couples, of which 754 (59%) are childless and 520 (41%) with at least one child.

4.2 Variables and measures

Birth of a child. The dependent variable is a dichotomous variable indicating the birth of a child. This has been considered as a positive childbearing outcome (equal to 1) only if it occurred within three years from the time of the interview at which the birth intention was expressed. The explanatory variables include birth intentions, measures of gender equality and bargaining power within the couple, and a set of control variables describing the socio-demographic characteristics of the partners.

Birth intention. Information on fertility intention is included in two different items of the HILDA questionnaire: (1) How many (more) children do you intend to have? and (2) In what year do you intend to have the next child? If the respondent declared their intent to have a child, she/he was asked about the timing of such an intention. Response options to this question were (i) within the next 3 years, (ii) within the next 4 to 5 years, (iii) within the next 6 to 10 years, or (iv) unable to answer. Alternatively, the respondent could declare the exact year when she/he intended to have the next child; in this case, we recoded the answer in a dichotomous fashion about the timing of the positive birth intention by indicating simply whether the respondent intends to have a child within three years from the date of the interview. Hence, birth intentions of both partners are measured on a yes/no binary scale depending on whether they expressed the intent of having a child in the next three years or not. The choice is motivated by the need to simplify the analysis as well as to make the results comparable across countries whose surveys explicitly include the reference of three years in the fertility intentions item.

Partners' agreement/disagreement about having a child. Couple agreement about having a child is computed by combining both partners' timings for birth intentions. We coded such a variable in different ways. In a first version, four categories are considered (long version, Model 1; Tables A-2 and A-3): both partners intend to have a child in the next three years (agreement on yes); the female partner but not the male partner intends to have a child (signed disagreement in which only she intends); the male partner but not the female partner intends to have a child (signed disagreement in which only she intends); and neither of the partners intends to have a child in three years (agreement on not). In a second version (short version, Model 2; Tables A-2 and A-3), we considered just three categories by pooling together the cases in which only she and only he intend to have a child (absolute disagreement). The coding described above has been usefully adopted in previous couple-level fertility studies (Testa, Cavalli, and Rosina 2014). Importantly, the

by the identical questions addressed to both partners and, above all, by the fact that the fertility intention items were included in self-administered questionnaires, implying a high degree of independence in the partners' answers.

Partners' relative earning position. The relative earning position is measured with a three-category variable indicating whether (i) both partners contribute equally to the total household income (dual-earner couples); (ii) the female partner contributes at least 60% to the total household income (female-breadwinner couples); or (iii) the female partner contributes less than 60% to the total household income (male-breadwinner couples). The share of 60% of household income is often used in the literature as a benchmark to detect the cluster of female breadwinners (Drago, Black, and Wooden 2005; Vitali and Testa 2015). The model controls for household income measured as total equivalised household disposable income in 2015 Consumer Price Index.

Socio-demographic characteristics. We controlled for several socio-demographic characteristics: age, marital status, level of education, employment status, household income, number of siblings, and self-rated health. All these characteristics are supposed to influence fertility intentions, according to previous literature and empirical evidence. In addition, we included the state of residence and year of interview, both as fixed effects in the models to control for contextual effects. The woman's age, the only numeric variable, is centred on the rounded mean value of 28 years. An additional three-category variable specifies whether the male partner is younger, older (up to three years), or significantly older (more than three years) than the female partner. Marital status, a dichotomous variable indicating whether the couple is cohabiting or married, has been proved to influence realisation of previously stated birth intentions (Schoen et al. 1999). Its effect varies across countries; it is not found in France, for example (Testa and Toulemon 2006), and depends on the meaning of cohabitation in the country (Hiekel and Castro-Martín 2014). The woman's level of education is a three-category variable with low, medium, and high levels, corresponding to levels 0 to 2, 3 to 4, and 5 to 6 of the International Standard Classification of Education (ISCED 2011). Two additional dummy variables specify whether the male partner has a higher or lower level of completed education than the female partner. Employment status has the following four categories: both partners work, only the man works, only the woman works, and neither partner works (meaning they are either unemployed or not seeking employment). The sample sizes do not permit a more refined breakdown of this variable. Household income is expressed on a logarithmic scale and included in the models as a numerical continuous variable. Number of siblings, a dichotomous variable indicating whether at least one of the partners has a sibling, is used as a proxy measure of the family background. The variable reflects the cognitive image of family, which is an important predictor of birth intentions at the early stage of a person's life course (Rackin and Bachrach 2016). Selfrated health status is measured through the following item: "In general, how do you rate your health?" Response options are 'excellent,' 'very good,' 'good,' 'poor,' and 'fair.' Owing to the very few 'poor' and 'fair' responses, we merged the two options and computed a dichotomous variable indicating whether at least one of the partners declared poor or fair health. We opted for this simple dummy variable because our main interest is to discriminate whether their health condition enables couples to plan a family. Table A-1 in the Appendix reports the descriptive statistics.

4.3 Analytic strategy

We analysed the birth of a child in the three years following the interview separately for childless couples and couples who are already parents. This is in line with a conditional-sequential fertility decision-making process (Namboodiri 1972; Bulatao 1981) and consistent with the empirical evidence suggesting that the predictors of first births are not necessarily the same as the predictors of second or higher birth order children (Philipov, Spéder, and Billari 2006; Philipov, Liefbroer, and Klobas 2015; Dommermuth, Klobas, and Lappegård 2011). Furthermore, at later stages in life – after a transition to statuses normally associated with childbearing, such as marriage – intentions prove to be better predictors of fertility (Rackin and Bachrach 2016). The limited sample size hindered a more refined stratification that could allow a distinction of second child from higher birth order children. Results are reported in terms of average marginal effects (AMEs). Following Mood (2010), by using AMEs instead of odds ratios, the estimated effects can be directly compared across different samples, groups, and models and interpreted as "substantive" effects (Mood 2010).

Positioning of disagreement. To evaluate whether disagreement was 'halfway' between agreement on not and agreement on yes (i.e., positioning of disagreement), we test if AME (agreement on yes) = [AME(female disagreement) + AME(male disagreement)] using the long version of the couple disagreement variable (four categories). If the null hypothesis of positioning of disagreement halfway between agreement on not and agreement on yes is rejected, this informs about the positioning of disagreement. Another possible way of investigating this is to use the short version (three levels) of this variable – grouping together the two gender disagreements (Model 2) – and compare the magnitude and the statistical significance of the coefficients contrasting the three categories.

Gendered effect of disagreement. To determine whether one of the partners prevailed in the final decision, we examined whether the effect of disagreement was absolute or signed (i.e., directional differences of disagreement). To do so, we test the statistical difference (Wald test on equality of coefficients) between the estimated coefficients of two disagreements: "woman intends but man does not" and "man intends

but woman does not." If the null hypothesis of equality is rejected, this informs about the signed effect of the disagreement.

Income contribution effect of disagreement. To see whether the woman's prevalence is linked to the level of her access to economic resources and her contribution to household income, we investigated whether women's decision-making power is reinforced when women contribute more extensively than men to household income or, alternatively, reduced if they have a weaker relative earning position. To this end, we checked whether the effects of couple (dis)agreement varies across the different constellations of relative income contribution (female-breadwinner, male-breadwinner, and gender-equal couple). More specifically, we tested whether female disagreement ("man intends but woman does not") is more inhibiting than male disagreement ("woman intends but man does not") if she is the breadwinner in the household looking at the relative marginal effects.

5. Results

5.1 Birth intentions in a couple perspective: Descriptive results

Partner (dis)agreement in their intention of having a child in three years changes substantially across parities. In the transition to parenthood (parity 0), the proportion of partners' disagreement was 16.57% versus 10.59% at parity 1 and above. The cases in which the woman had a birth intention but the man did not were more frequent than those in which the man had a birth intention but the woman did not: for parity 0 they were 8.74% and 7.83%, respectively; for parents they were 6.03% and 4.56%, respectively (Table A-1). Partners' agreement on having a child in three years was high among parents (58%) and very high among the childless (83%). The very high percentage of couples intending to have a first child is due to the characteristics of the sample selected for the analysis: women and men in stable intimate relationships, most of whom are in their prime reproductive ages.

5.2 Multivariate regression model

Figure 1 reports the average marginal effects of couple disagreement on childbearing for childless couples (panel a) and parents (panel b). As expected, couples in which both partners intended to have a child are likelier to have a child. The predicted probability of having a child for couples in which both partners agree is respectively higher by 0.488 among childless couples and 0.149 among parents than for couples in which neither

partner wants to have a child. With respect to the disagreement and similarly to the descriptive statistics reported above, we found significant differences in the transition to parenthood and to higher parity. Among childless couples (Figure 1, panel a), there is a positive effect on the chance of childbearing even if only one of the partners intends to have a child, and particularly if it is a woman who intends to become parent. We found the probability of having a child to be 0.072 higher (even if not statistically significant) if only the male partner intended to have a child and 0.249 higher if it is the female partner. Among parents (Figure 1, panel b), disagreement seems instead to be detrimental to childbearing, especially if it is the woman that disagrees about having another child (AME of -0.148). If it is the male partner that disagrees about having a child, the marginal effect is of 0.068, but not statistically different from zero.

The effects of the control covariates were as initially expected, thereby providing us with an indirect validation of the statistical model itself. Results show a negative effect from a woman's age for both childless couples and parents, with all other things being equal, which can be attributable to women's biological limits for reproduction. Married couples have a higher chance to have a first or another child than cohabiting couples. Couples in which only the woman is employed are less likely to have a first child than couples in which both partners are employed, all other things being equal. By contrast, couples in which the woman contributes to at least 60% of the household income (female breadwinner) are more likely to have a child than equal dual-earner couples or male-breadwinner couples. Interestingly, perception of health status and the number of siblings are not influential. Last but not least, a woman's but not a man's satisfaction at the gender distribution of childcare tasks positively influences the chance of having another child.

Positioning of disagreement. The results of the multivariate regression models seem to suggest that disagreement inhibits childbirth to some extent. In Model 2, using the three-level disagreement variable, absolute disagreement is positive and statistically different from agreement on yes. And at the same time, the hypothesis of equality between agreement on yes and absolute disagreement has to be rejected for all parities (bottom of Table A-2 and Table A-3). We also found evidence that the inhibiting effect is stronger at parities above 0 than at parity 0 (none of the disagreement variables is statistically different from agreement on not in the models for parents). We further test if the disagreement is halfway between agreement on yes and agreement on no as AME (agreement on yes) = [AME(woman disagreement) + AME(man disagreement)]. The null hypothesis of equality is rejected (p-value of 0.04) in favour of our hypothesis of positioning of disagreement.

Figure 1: Probability of having a child. Average marginal effects for childless couples (N = 754, panel a) and parents (N = 520, panel b). Selected results



Note: Reference category: neither partner wants to have a child in three years. 95% confidence intervals reported. Models controlling for socio-demographic variables, income, year of interview, and state of residence as mentioned in Section 6. Complete results available in Appendix, Tables A-2 and A-3.

Gendered effect of disagreement. To determine whether one of the partners prevailed in the final decision, we examined whether the effect of disagreement was absolute or signed (i.e., directional differences of disagreement). To do so, we performed a Wald test of equality on the estimated coefficients of the categories "woman intends but man does not" and "man intends but woman does not." At parity 0, the null hypothesis of equality between the two signed disagreement categories is rejected (p-value: 0.0162). Hence, the disagreement effect is signed and gendered for childless couples. At parity 1 or above, as previously noted, the coefficients of the two signed disagreement variables – as well as the absolute disagreement variable – were not statistically different from the category agreement on not (Figure 1 and Table A-3), which means that the likelihood of having an additional child was strongly precluded if either the woman or the man (no matter which of the two) vetoed this decision (double-veto model). The hypothesis of equality between the signed disagreement categories is not rejected (p-value of the Wald test is 0.078; bottom of Table A-3).

The income contribution effect of disagreement. The analysis conducted so far has revealed that disagreement effects are signed and that the woman's voice tends to prevail in case of disagreement, in particular among childless couples. Moreover, we found that female-breadwinner couples are associated with higher chances of having a first child (AME of 0.149; Table A-2). We checked whether the two results are interrelated. To this end, we estimated, in accordance with Model 1, the average marginal effect of our variable of interest, agreement in birth intention, conditional on the relative income contribution. We expected to find that a woman's predominance in reproductive decisionmaking could be reinforced if she is the breadwinner or, alternatively, reduced if she has a weaker relative earning position. The marginal effects reported in Figure 2 do not suggest any different effects across the four levels of couple (dis)agreement and relative income contribution. This result tells us that a woman's influence in childbearing decision-making is not based on her contribution to household income. We also formally tested whether female disagreement is more inhibiting than male if she is the breadwinner. In particular, we tested if [AME(W disagrees/female breadwinner) -AME(M disagrees|female breadwinner)] = [AME(W disagrees|male breadwinner) -AME(M disagrees|male breadwinner)] or, in other words, we tested whether the difference in the probability of childbirth between the case in which only woman wants it or only man wants it does not depend on whether the woman or the man is the breadwinner. The result indicates (p-value of 0.003) that we had to reject the null hypothesis that there is a relative income contribution effect.

Figure 2: Probability of having the first child. Average marginal effects of couple disagreement by relative income contribution. Childless couples (N = 754). Selected results



Note: The model is the same reported in Table A-2. We also tested a model without controlling for education and employment. The results are similar (available upon request).

6. Concluding remarks

We compared prospective short-term birth intentions with subsequent births by using three Australian follow-up surveys spanning a six-year period (2005–2011). The main aim was to investigate whether one of the partners has more decision-making power over the other if disagreement arises, and if so, the criteria used to solve the conflict. Thanks to high-quality data on both partners, the study benefits from a prospective longitudinal dimension and reflects a genuine couple approach.

We found that in the Australian context of widespread fertility control characterised by broad use of modern contraception, one partner's intention not to have a child is not always sufficient to prevent the birth of a child. The effect of disagreement lies between that of agreement on having a child and that of agreement on not having a child, and it is shifted more towards agreement on not having a child among couples at parity 1 or above. Moreover, we found that the veto mechanism adopted in the resolution of disagreement is gendered if the couple has to make the transition to parenthood. If a conflict arises, the man is not able to counterbalance with his veto the intention of the woman to have a first child. This result is in line with some previous research suggesting that women are more influential than men in fertility decision-making (Townes et al. 1980; Fried, Hofferth, and Udry 1980; Beckman 1984; Rindfuss, Morgan, and Swicegood 1988) and with more recent findings from Germany (Bauer and Kneip 2014) and Italy (Testa, Cavalli, and Rosina 2011). However, in the German study women's prevalence in reproductive decision-making is linked to the burden of childcare and child-related household chores, and whenever better equality is achieved within the couple, this result might no longer hold true. In Italy, as in Australia, women's prevalence in reproductive decision-making is more pronounced on the transition to parenthood and not dependent on gender equality in childcare tasks because childless couples have not yet had experience in childcare.

After the transition to a first child, a double-veto-power model prevails insofar as neither of the partners is able to drive the final decision towards his/her own intentions, which is the intention to have an additional child. This result is in line with findings from other countries, such as Italy (Testa, Cavalli, and Rosina 2014), Germany (Bauer and Kneip 2013), the Netherlands (Jansen and Liefbroer 2006), Sweden (Thomson and Hoem 1998), and the United States (Thomson, McDonald, and Bumpass 1990; Thomson 1997). Unlike these previous findings, the double-veto model is not symmetrical in Australia, women being more influential than men at each parity. This result supports the sphereof-interest rule as a heuristic governing the solution of partners' conflict, with women's prevalence unrelated to women's contribution to household income. However, we cannot rule out that alternative and more refined measures of gender equality would produce different results. In addition, we cannot exclude that a larger sample size would lead us to different conclusions about the predominant heuristic. The disagreement effect is in fact based on a small group of conflicting couples.

Reading these results in light of the theoretical frames outlined above, we could argue that the theory of planned behaviour could include the partners' disagreement in the list of perceived behavioural control, depending on whether the partner sees the disagreement of the other partner as an obstacle to the realisation of his/her own plans or not. Ideally, we could have contextualised the conflict in the predominant normative system, but this was not possible due to the size and the quality of the data. In the traits-desires-intentions-behaviour theory, with a partner's conflict playing a role at each stage of the sequence, our empirical results show that they delay the realisation of childbearing, especially among couples who already have children and especially if it is the female partner to put a veto on her partner's intentions. Among the many rules governing couple conflict, the sphere-of-interest rule gives more power to the decision of the female partner

and is still most commonly adopted in traditional contexts such as Australia. This piece of evidence suggests that the theoretical frameworks for reproductive decision-making should incorporate the gender dimension.

Despite its contribution to the literature on couple decision-making, our research could be improved in a number of ways. First, reported child-timing intentions might reflect the resolution of a negotiation process between partners, as recognised in previous studies (Ajzen 1991; Miller 1994, 2011). The tiny proportion of disagreeing couples in our target sample would support this interpretation. This issue concerns all analyses based on couple-level data (Becker 1996). Ideally, for a better understanding of the partners' negotiation process, information on contraceptive behaviour should complement the data on partners' fertility motivations, desires, and intentions. Similarly, information on partners' interactions and each partner's perception of the other's views should complement the data on the partner's own fertility intentions. Such data would allow us to discern whether each of the partners is incorporating the partner context into his/her own intentions, and if so, the extent to which he or she does so (Testa 2012; Morgan 1985). The low level of disagreement in our data signals that the reported partners' birth intentions may already be the result either of spousal bargaining or of assortative mating in which individuals tend to choose partners who have similar fertility preferences (the correlation between partners' reports is quite high in our study: 48% and 63% among couples at parity 0 and higher parities, respectively). The extent to which spousal bargaining and assortative mating may influence couples' fertility decision-making represents a fruitful area for future research.

Studying childbearing in a dyadic perspective involves high data requirements which cannot be fully met by the HILDA dataset. The limited length of the observation period does not allow us to detect whether the lack of childbirth reflects a temporary postponement or a definitive abandonment of childbearing. Furthermore, we are not able to treat separately the intention to have a second child and that of having a third or higher birth order child, which might be triggered by different decision-making contexts, a normative one in the former case and a discretionary one in the latter (Testa, Cavalli, and Rosina 2014). This is a strong limitation of the analysis; on the other hand, the most significant contrast, which reflects the most significant change in couples' life course, is between the decision to become a parent and the decision to have a second or a higher birth order child (Philipov, Spéder, and Billari 2006; Philipov, Liefbroer, and Klobas 2015). The limited information on couples' contraceptive behaviour prevents us from disentangling whether the partners have adopted behaviour aimed at achieving pregnancy (Miller 1986) or they just intend to do so at the time of the interview. Finally, measuring birth intentions on a binary scale prevents us from grasping uncertainty, which is a relevant factor in decision-making (Bernardi, Mynarska, and Rossier 2015; Ní Bhrolcháin and Beaujouan 2011; Rackin and Bachrach 2016) and lowers the percentages of partners' detected disagreement. We are aware that this is an important caveat; on the other hand, our measure of birth intentions is specified by birth order, partner context, and temporal frame (i.e., the target, the context, and the time) and should reflect a realistic measure of behavioural intentions (Ajzen and Fishbein 1977; Barret and Wellings 2002).

Our dyadic analysis of birth intentions and birth outcomes shows that partners' disagreement prevents a second childbirth irrespective of which of the partners is in favour of it and impedes a first childbirth if the woman vetoes the partner's decision to become a parent. As such, couple disagreement contributes to understanding the reasons why birth intentions do not always match the subsequent outcomes in Australia. We hope that future data collection will merit increasing attention on the different dimensions of partners' negotiation processes so that fertility choices can be contextualised in a genuine dyadic manner as a reflection of a couple's decision-making.

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Appendix

Scheme A-1: Steps in selection procedure of the target sample



	Parity 0		Parity 1+	
	N	Percent	N	Percent
# Couples	754		520	
# Observations	984		614	
VARIABLES			-	
Having a child	505	51.32	436	71.01
Partners' combined birth	000	01102	100	11101
intentions within three years				
Agreement on not wanting a child in	247	25.10	38	6 19
the following three years		20.10		0.10
Disagreement: Mintends Widges	77	7.83	28	4 56
not		1.00	20	
Disagreement: W intends M does	86	8 74	37	6.03
not		•		
Agreement on ves	574	58.33	511	83.22
DEMOGRAPHICS	0.1	00.00	011	
Age				
Woman mean age	26.6	sd=5.17	29.9	sd=5.47
Man is younger than woman	40	4 07	20.0	3.58
Man and woman of same are	676	68 70	382	62 21
Male partner more than 3 years	268	27.24	210	34.20
older	200	£1.£7	210	07.20
Level of education (woman)				
Compulsory education	331	33.64	255	41 53
School-leaving certificate or	244	24 80	145	23.62
diploma		2.1.00	110	20.02
Degree or above	409	41 57	214	34 85
Level of education (both	100	11101	211	0 1100
partners)				
Partners with same level of	501	50.91	329	53.58
education				
Man is more educated than woman	210	21.34	141	22.96
Man is less educated than woman	273	27.74	144	23 45
Employment status (both	2.0	2		20.10
partners)				
Neither partner employed	24	2.44	32	5.21
Only man employed	64	6.50	230	37.46
Only woman employed	32	3.25	9	1.47
Both partners employed	864	87.81	343	55.86
Parity status				
Childless	984	100.0	-	-
One child	-	-	393	64.01
Two children			164	10.26
Three or more children	-	-	57	3.57
Number of siblings				
Both partners have no siblings	105	10.67	36	5.86
At least one partner has 1 sibling	303	30.79	187	30.46
At least one partner has 2 or more	576	58.54	391	63.68
siblings				
Self-rated health				
Both partners in good health	870	88.41	525	85.50
One of the partners not in good	114	11.59	89	14.50
health				
Relative income contribution				
Dual-earner couple	542	55.08	190	30.94
Female breadwinner	106	10.77	46	7.49
Male breadwinner	336	34.15	378	61.56
Equivalised HH disposable		78,720.11		72,153.06
income				
(mean in AUD)				

Table A-1: Descriptive statistics of the variables used in the regression analysis

Variables	Model 1	Model 2
Partners' birth intention (Ref. agreement on not having a child in the next	three years)	
Man intends, Woman does not	0.0716	
	(0.0577)	
Woman intends, Man does not	0.249***	
	(0.0617)	
Absolute disagreement (man and woman with different intentions)		0.164***
		(0.0479)
Agreement on yes (having a child)	0.488***	0.487***
	(0.0394)	(0.0393)
Relative income contribution (Ref. dual earner)		
Female breadwinner	0.149***	0.148***
	(0.0479)	(0.0479)
Male breadwinner	-0.000465	0.00209
	(0.0314)	(0.0314)
Married (ref. in a de facto relationship)	0.158***	0.159***
	(0.0342)	(0.0341)
Woman's age	-0.0124***	-0.0119***
	(0.00399)	(0.00398)
Partner's age (Ref. same age)		
Male partner is younger	0.0850	0.0785
	(0.0831)	(0.0829)
Male partner older (more than 3 years)	-0.0163	-0.0211
	(0.0337)	(0.0341)
Woman's educational level (Ref. compulsory)		
School-leaving certificate or diploma	-0.0257	-0.0295
	(0.0452)	(0.0454)
Degree and above	0.0420	0.0367
-	(0.0500)	(0.0498)
Partner's educational level (Ref. same level)		
Man more educated than woman	-0.0203	-0.0232
	(0.0445)	(0.0447)
Man less educated than woman	0.0142	0.0116
	(0.0381)	(0.0382)
Partners' employment status (Ref. both employed)		
Neither partner employed	-0.0103	-0.00174
	(0.0993)	(0.0980)
Only woman employed	-0.152	-0.152
· · · ·	(0.101)	(0.100)
Household disposable income (logarithm)	0.0603	0.0598
	(0.0376)	(0.0374)
Number of couples	754	754
Wald test on equality of coefficients	-	
p-value Wald test: Woman Intend = Man Intend	0.0162	
p-value Wald test: Disagreement = Both Intend	0.0102	0.0001
p-value Wald test: Man intend + Woman Intend = Both Intend	0.0405	

Table A-2: Average marginals effects of having first child. Parity 0. N = 754 couples

Note: ***p<0.01. Standard errors in parentheses. Controlling for year of interview and region of residence.

	Model 1	Model 2
Partners' birth intentions (Ref. agreement on not)		
Man intends, Woman does not	-0.148	
	(0.122)	
Woman intends, Man does not	0.0682	
	(0.105)	
Absolute disagreement (partners have different intentions)		-0.0224
		(0.0946)
Agreement on yes (on having a child)	0.149**	0.151**
	(0.0732)	(0.0730)
Relative income contribution (Ref. dual earner)		
Female breadwinner	-0.0509	-0.0480
	(0.0747)	(0.0742)
Male breadwinner	-0.00525	-0.00396
	(0.0370)	(0.0372)
Married (Ref. in a de facto relationship)	0.166^^^	0.163***
	(0.0451)	(0.0455)
Woman's age	-0.0276***	-0.0276***
	(0.00422)	(0.00422)
Partner's age (Ref. same age)	0.0400	
Male partner is younger	-0.0438	-0.0309
Mala manta an abdan (mana than Oursens)	(0.128)	(0.129)
Male partner older (more than 3 years)	-0.0812**	-0.0773"
Waman's advectional level (Def. commulaan)	(0.0408)	(0.0400)
School looving contificate or diplome	0.0441	0.0450
School-leaving certificate of ulpionia	(0.0537)	(0.0430
Degree and above	(0.0537)	0.0542)
Degree and above	(0.0645)	(0.0647)
Partner's educational level (Ref. same level)	(0.0040)	(0.0047)
Man more educated than woman	0.00589	0 000714
	(0.0516)	(0.0519)
Man less educated than woman	-0.0556	-0.0576
	(0.0478)	(0.0479)
Partners' employment status (Ref. both employed)	(0.0.0.0)	(0.0.1.0)
Both not employed	-0.0805	-0.0755
	(0.0860)	(0.0864)
Only woman employed	0.196	0.203
	(0.126)	(0.129)
Household disposable income (logarithm)	0.0414	0.0412
,	(0.0393)	(0.0388)
Male partner satisfied in the way childcare tasks are divided	-0.0401	-0.0424
	(0.0652)	(0.0654)
Female partner satisfied in the way childcare tasks are divided	0.0762	0.0761
·	(0.0475)	(0.0477)
Parity (Ref. 1 child)		
2 children	-0.166***	-0.168***
	(0.0446)	(0.0447)
3+ children	-0.122*	-0.126*
	(0.0670)	(0.0672)
Number of couples	520	520
p-value Wald test: Woman Intend = Man Intend	0.0779	
p-value Wald test: Disagreement = Both Intend		0.00702
p-value Wald test: Man intend + Woman Intend = Both Intend	0.116	

Table A-3:Average marginals effects of having another child. Parity 1+. N = 520
couples

Note: *** p<0.01, ** p<0.05, * p<0.1. Standard errors in parentheses. Controlling for year of interview and region of residence.

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