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Descriptive Finding

He said, she said: How third-party presence shapes infertility reporting in couples

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He said, she said: How third-party presence shapes infertility reporting in couples

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Abstract

BACKGROUND

Estimating infertility prevalence at the population level is challenging and little is known about the factors that influence how individuals report it.

OBJECTIVE

We assess whether third-party presence, such as that of a partner, influences the likelihood of reporting infertility among a sample of heterosexual couples. We also examine the consistency of responses between partners interviewed separately and evaluate whether third-party presence increases agreement or disagreement within couples.

METHODS

Using data from the 2019 Household, Income and Labour Dynamics in Australia Survey, we apply descriptive statistics and logistic regression models to assess associations between third-party presence and (1) infertility reporting and (2) consistency of infertility reports between partners.

RESULTS

Overall, 10.1% of men and 16.1% of women reported infertility. When a third party actively influenced the interview, reported infertility increased to 16.7% among men and 21.4% among women. After adjustment for confounders, men interviewed in the presence of an influencing third party had more than twice the odds of reporting infertility, while women had 65% higher odds. Agreement on infertility between partners increased from 7.5% to 14.5% in men's interviews and from 7.1% to 13.7% in women's

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interviews when a third party was present. Adjusted models show that joint infertility reporting was more than twice as likely in the presence of an influencing third party.

CONTRIBUTION

Interview context influences both the likelihood and framing of infertility reporting. The findings suggest that third-party presence matters for the measurement of sensitive and subjective outcomes that are jointly experienced within couples.

1. Introduction

Infertility is an important threat to realising one's family plans and one that is increasing in relevance because of the trend of postponing fertility to higher ages. Medical infertility is assigned after 12 months of unprotected intercourse without achieving a pregnancy (Zegers-Hochschild et al. 2017). This definition applies to heterosexual couples, and it implies a shared experience. Consequently, we would expect similar reporting rates among men and women in heterosexual relationships.

Using mainly data on women and the few available studies on men, a recent systematic review estimated the global prevalence of period infertility at 12.6%, with women having higher prevalence rates of infertility than men (Cox et al. 2022). Estimating meaningful prevalence rates of infertility at the population level remains challenging. Some individuals may not recognise that they are infertile because they do not want children. Others may be infertile, but this no longer affects them because they have already fulfilled their reproductive goals. Still others may experience difficulties conceiving but interpret them as 'normal.'

Adding to this complexity, Lazzari, Gray, and Baffour (2022) show that when partners are interviewed separately about their reproductive capacity as a couple, nearly one in ten couples provide discordant responses. This study, the only one we identified that examines partner agreement on infertility, also finds that discrepancies increase with the female partner's age and are mostly due to women being more likely than men to report infertility.

In this paper, we examine whether accounting for the presence of a partner (a third party) during face-to-face interviews can improve our understanding of how individuals report infertility. We seek to address the following research questions:

1. Does third-party presence during face-to-face interviews affect individual reporting of infertility?
2. Does third-party presence also influence the consistency of infertility reports within couples?

To our knowledge, no previous study has explored whether third-party presence affects infertility reporting or agreement between partners, making this the first investigation of its kind.

2. Influence of third parties on survey responses

In social science surveys, face-to-face interviews must be conducted privately to protect respondents' anonymity. The presence of third parties in the room (anyone other than the interviewer and respondent) compromises anonymity, potentially altering the respondent's answers (Zipp and Toth 2002; Tourangeau and Yan 2007). Yet studies show that third parties are present in 5% to 82% of interviews (Casterline and Chidambaram 1984; Reuband 1984; Zipp and Toth 2002; Milewski and Otto 2017), making this issue common.

Partners are the most common third party during interviews (Hartmann 1994). In the presence of a spouse, respondents tend to provide more conservative answers on sensitive topics, such as family norms and values (Reuband 1987, 1992), and higher levels of marital satisfaction and partnership quality (Mohr 1986). Aquilino (1993) similarly estimates a significant impact of spousal presence on subjective assessments of marital happiness and utility. Other studies have reported comparable patterns (Hartmann 1996; Smith 1997; Pollner and Adams 1997). When questions pertain to factual matters involving the partner, such as cohabitation before marriage, or sensitive topics, such as relationship disagreements, having a spouse present may increase respondents' willingness to report information, possibly because denial becomes more difficult in their partner's presence (Boeijs 2004).

Most studies have compared responses of individuals interviewed alone with those interviewed in the presence of a third party, as typically only one person per household is surveyed (Anderson and Silver 1987; Milewski and Otto 2017). Zipp and Toth (2002) take a different approach and compare the answers of both partners in married couples. Using data from the British Household Panel Study, where both spouses were interviewed, their study finds that spousal presence increased agreement between partners on sensitive questions concerning both attitudes and behaviours, suggesting that respondents may prioritise presenting a unified front and shape their responses on what they believe their partner would say rather than responding in a socially desirable way.

For factual questions with verifiable answers, one possible reason for increased response accuracy is the greater availability of information when a third party is present. Using data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey, Reimondos, Evans, and Gray (2011) find that third-party presence improved agreement between partners on dates related to their relationship, such as when they first

moved in together or got married. Similarly, Welkenhuysen-Gybels and Billiet (2001) explicitly examine the effect of a partner's presence on respondents' political knowledge, measured through 12 factual questions. They find that women interviewed in the presence of an informed partner were more likely to provide correct answers and gave fewer "don't know" responses than women interviewed alone.

In sum, previous literature provides evidence that the presence of a third party can have various types of effects on respondents' answers. For sensitive attitudinal measures, the presence of a partner often leads to more conservative or socially desirable responses, potentially distorting individual views. In contrast, for factual questions, especially those concerning shared experiences, third-party presence may enhance accuracy by facilitating recall or allowing respondents to consult with their partner.

As for infertility, the direction of potential bias introduced by a bystander remains uncertain. Unlike attitudes, infertility diagnosed by a doctor is a factual condition and may not be subject to the same social desirability pressures. However, it may be linked to feelings of shame, guilt, or perceived failure (Greil, Slauson-Blevins, and McQuillan 2010), experiences that some may prefer to conceal in the presence of a partner. At the same time, acknowledging infertility in such a context may also serve as a form of relief or justification for childlessness when there is a societal expectation to become a parent.

3. Data and methods

Answering our question requires survey data from both partners of a couple plus information on third-party presence. The Australian Household Income and Labour Dynamic in Australia (HILDA) Survey provides both. It is a national longitudinal study, tracking individuals annually since 2001 (Summerfield et al. 2022). Most interviews are conducted face-to-face, with telephone interviews used only as a last resort (over 90% of interviews in wave 19 were conducted in person). In addition to the interview, respondents complete a self-administered questionnaire covering attitudinal and sensitive topics. The initial response rate for the survey was 66%, with an annual reinterview rate of 96% in 2019 (Summerfield et al. 2022). The survey comprises a regular set of core questions, alongside rotating modules typically repeated every four years. Infertility items appear in selected waves and, despite their sensitivity, are not part of the self-administered questionnaire and are asked face-to-face. Wave 19 (2019) is the latest wave to include the self-reported infertility items ($n = 17,462$).

We restrict the sample to women aged 18 to 50 and men aged 18 to 59,⁴ and we focus on cohabiting couples (married or not) because this increases the probability that

⁴ We focused on men who were also in a relationship with a woman aged 50 or younger.

the third party is in fact the partner. From 5,644 partnered respondents we excluded non-cohabiters ($n = 912$), cohabiters with a same-sex partner (112), and cases without partner interviews ($n = 378$). The final analytic sample comprises 4,022 individuals in different-sex couples with no missing data on any of the explanatory variables.

3.1 Dependent variable

The dependent variable indicates self-reported infertility in the couple, assessed through the question “Based on medical advice, do you know of any physical or health reason that would make it difficult for you and/or your partner to have children/more children?” Response choices included “yes,” “no,” “don’t know,” and “refuse to answer.” All adult household members, except those who had been sterilised (or whose partner had been sterilised), were asked this question, including the partner. The overwhelming majority of respondents provided a clear answer to this question, with only few respondents answering “don’t know” (14 men and 12 women) or refusing to answer (4 men and 3 women). Those cases were dropped from the sample.

3.2 Independent variable of focus

After each interview, the interviewer noted whether another adult was present and, if so, rated their influence (response options included “none,” “a little,” “a fair amount,” and “a great deal”). Of the 17,462 interviews conducted in wave 19, only 61 were missing responses to this item. We recoded this variable into three-categories: (1) no other adult present, (2) an adult present who did not influence the interview, and (3) an adult present who actively influenced the interview (defined as instances where the interviewer perceived a fair amount or a great deal of influence).

The identity of the third party is not recorded in the HILDA Survey. However, for individuals in a coresidential relationship, it is likely to be the respondent’s partner (Reimondos, Evans, and Gray 2011; Zipp and Toth 2002; Milewski and Otto 2017). Another common third party is the respondent’s child, but since the variable explicitly refers to the presence of another adult, a child would fall in this category only if he or she was already an adult (an uncommon situation given the age profile of our sample). In a sensitivity analysis, the sample was restricted to individuals interviewed at home (as opposed to the workplace or another location) and living with their partner with the exclusion of other adults. This restriction increases the likelihood that the third party present during the interview is indeed the partner. Results from this subsample were consistent with those obtained from the full sample.

3.3 Other independent variables

We control for several potentially confounding variables associated with third-party presence and its level of influence (Milewski and Otto 2017), as well as with reporting behaviour and the likelihood of infertility. These include age, parity, relationship status, educational attainment, migrant and ethnic status, and remoteness of area, which provide an indication of relative geographic access to services (Australian Bureau of Statistics 2025).

3.4 Analytical approach

First, we estimate binary logistic regression models to assess the association between third-party presence and the likelihood of reporting infertility. Model 1 includes only third-party presence as a predictor. Model 2 adjusts for individual-level variables associated with third-party presence, reporting behaviour, and infertility risk.⁵ Second, to evaluate the effect of third-party presence on consistency in partners' responses, we estimate multinomial logistic regression models predicting four outcomes: (1) both partners report infertility, (2) only the respondent reports infertility, (3) only the respondent's partner reports infertility, and (4) neither partner reports infertility. We do so separately from the perspective of women and men to assess gender differences in how third-party presence (presumably of the partner) is associated with agreement or disagreement in the reporting of infertility.

4. Results

The distribution of independent variables by third-party presence is reported in Table 1. In our sample, respondents who had children and were married, less educated, living in remote areas, and first-generation migrants were more likely to be interviewed in the presence of a third party who influenced the interview, consistent with patterns observed in previous studies (Allerbeck and Hoag 1981; Reuband 1984, 1992; Aquilino 1993; Milewski and Otto 2017; Zipp and Toth 2002).

⁵ In additional analyses, the models were reestimated including the 912 individuals who were in a relationship but not cohabiting. The results remained consistent with those reported in the main analysis.

Table 1: Mean and (column) percentage distribution of independent variables by third-party presence

	MEN				WOMEN			
	No third party present (58.0%)	Third party present, but no influence (30.4%)	Third party present and influenced (11.6%)	TOTAL	No third party present (63.9%)	Third party present, but no influence (27.1%)	Third party present and influenced (9.1%)	TOTAL
Age								
18–24	7.4	10.5	7.3	8.3	11.6	14.5	13.1	12.5
25–29	19.2	21.9	17.5	19.8	20.3	27.9	21.4	22.5
30–34	21.2	23.2	26.5	22.4	23.3	23.0	24.7	23.4
35–39	18.9	18.2	16.2	18.3	18.4	16.0	14.8	17.5
40–45	16.1	14.7	13.7	15.4	16.3	12.7	15.9	15.3
46–49	10.0	7.2	11.5	9.4	10.0	5.9	9.9	8.9
50–59	7.2	4.3	7.3	6.3				
Parity								
0	36.8	33.1	25.6	34.4	34.5	36.9	28.6	34.7
1	18.3	20.0	18.8	18.9	18.6	18.9	17.6	18.6
2 or more	44.9	47.0	55.6	46.8	46.8	44.1	53.8	46.7
Relationship*								
Married	58.0	56.8	60.3	57.9	58.7	54.0	63.7	57.9
Cohabiting	42.0	43.2	39.7	42.1	41.3	46.0	36.3	42.1
Education								
Below tertiary	63.0	73.2	76.5	67.7	52.2	60.3	64.3	55.5
Tertiary	37.0	26.8	23.5	32.3	47.8	39.7	35.7	44.5
Migrant and ethnic status								
Nonmigrant, nonindigenous	53.1	53.5	53.4	54.8	55.1	57.9	43.4	53.3
Indigenous	2.5	4.4	3.0	3.2	2.6	4.6	3.3	3.1
Generation 1 migrant	21.1	18.7	17.5	19.0	19.1	14.5	31.3	19.9
Generation 2 migrant	23.3	23.4	26.1	23.1	23.3	23.0	22.0	23.7
Remoteness area*								
Major city	66.9	61.4	63.2	64.8	64.6	64.0	68.7	64.8
Inner regional	22.4	27.5	30.8	24.9	24.7	25.0	25.8	24.9
Outer regional and remote	10.7	11.1	6.0	10.3	10.7	11.0	5.5	10.3

Notes: $N = 2,011$ couples interviewed in wave 19 with non-missing data on dependent and independent variables. * These variables are based on reports provided by the female partner.

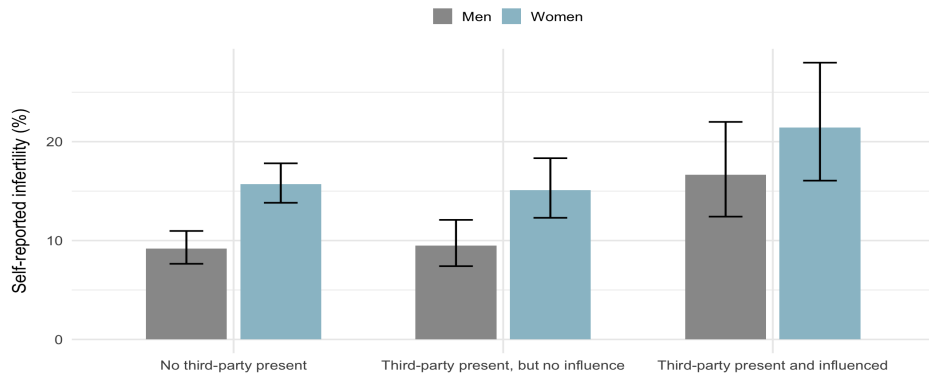
Source: Author's calculations using data from the HILDA Survey, wave 19, release 21.

4.1 Third-party presence and the likelihood of reporting infertility

Third-party presence was relatively common in HILDA interviews, occurring in 42.0% of men's interviews and 36.1% of women's interviews (Table 1). Overall, 10.1% of men (95% CI: 8.9–11.5) and 16.1% of women (95% CI: 14.5–17.7) reported experiencing infertility (not shown). However, the likelihood of reporting infertility varied substantially by interview context. As shown in Figure 1, reported infertility increased in

the presence of an intervening third party to 16.7% (95% CI: 12.4–22.0) among men and 21.4% (95% CI: 16.1–28.0) among women. By contrast, when another adult was present but did not intervene, the likelihood of reporting infertility did not differ substantially from interviews conducted without bystander.

Figure 1: Infertility reporting at the individual level by third-party presence



Notes: $N = 2,011$ couples interviewed in wave 19 with non-missing data on dependent and independent variables. Error bars represent 95% confidence intervals for the proportion of respondents reporting infertility within each subgroup.
Source: Author's calculations using data from the HILDA Survey, wave 19, release 21.

Table 2 shows the results of the logistic regression model predicting self-reported infertility. In the fully adjusted model (Model 2), men interviewed in the presence of an intervening third party had more than twice the odds of reporting infertility compared to those interviewed alone ($OR = 2.10, p < .01$). Similarly, women in the same condition had 65% higher odds of reporting infertility ($OR = 1.65, p < .05$). In contrast, simply having another adult present without influencing the interview was not predictive of infertility reporting in either model or gender.

Table 2: Effect of the presence of a third party on men's and women's infertility reports (odds ratios)

	Men reports ¹		Women reports ¹	
	Model 1	Model 2	Model 1	Model 2
Third-party presence				
No third party present (r.)				
Third party present, but no influence	1.04	1.07	0.95	0.98
Third party present and influenced	1.98***	2.10***	1.46***	1.65**
Age				
18–24 (r.)				
25–29		1.26		1.48
30–34		1.70		1.67**
35–39		1.70		2.48***
40–45		1.58		3.40***
46–49		3.58***		5.50***
50–59 (Men only)		2.86***		
Parity				
0 (r.)				
1		0.95		1.06
2 or more		0.49***		0.56***
Relationship²				
Married (r.)				
Cohabiting		0.70**		0.77*
Education				
Below tertiary (r.)				
Tertiary		0.67**		0.67***
Migrant and ethnic status				
Nonmigrant, non-ATSI (r.)				
ATSI		0.44		0.66
Generation 1 migrant		0.76		0.55**
Generation 2 migrant		0.91		1.03
Remoteness area²				
Major city (r.)				
Inner regional		1.21		1.16
Outer regional and remote		1.32		1.12
Constant	0.19***	0.09***	0.19***	0.12***

Notes: $N = 2,011$ couples interviewed in wave 19 with non-missing data on dependent and independent variables. Results from logistic regression. ATSI = Aboriginal and Torres Strait Islander people.

¹ Reference category is the respondent does not report infertility.

² These variables are based on reports provided by the female partner.

* $p < .10$; ** $p < .05$; *** $p < .01$. (r.) = Reference category.

Source: Author's calculations using data from the HILDA Survey, wave 19, release 21.

4.2 Third-party presence and partner agreement on infertility

We then focus on the degree of consistency in infertility reporting between partners. Overall, 8.5% (95% CI: 7.3–9.8) of couples agree on the presence of a fertility issue, while 1.7% (95% CI: 1.2–2.4) report infertility only through the male partner and 7.6% (95% CI: 6.5–8.9) only through the female partner (not shown). Agreement in infertility reporting is higher when a third party is present during the interview, particularly when that person actively influences the conversation, with 14.5% of the male partners and 13.7% of female partners reporting in concordance, compared to 7.5% (95% CI: 6.1–9.1) of men and 7.1% (95% CI: 5.8–8.6) of women when no third party is present (Figure 2). Most disagreement cases arise when women report infertility but their partners do not. For instance, the likelihood that only men report infertility in either his or her interviews ranges from 1.5% to 2.2%, while the likelihood is between 5.2% and 8.6% for women.

Figure 2: Couple-level infertility reporting by third-party presence during his (Panel A) and her (Panel B) interviews

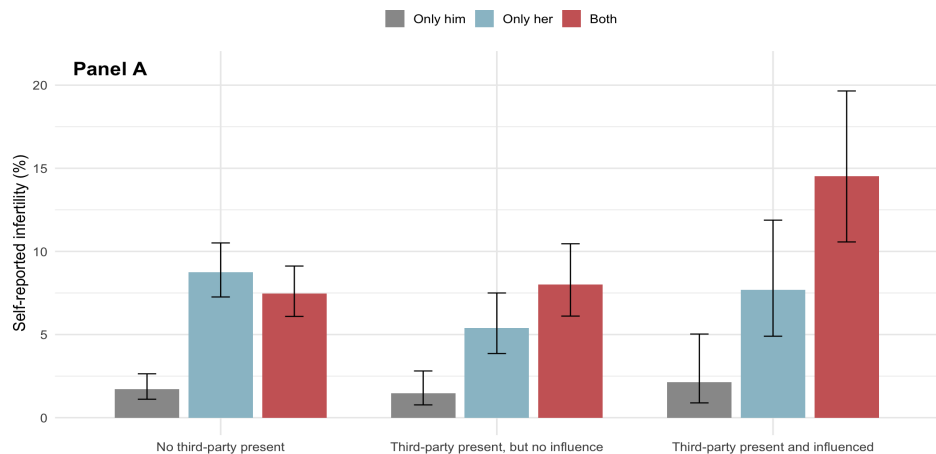
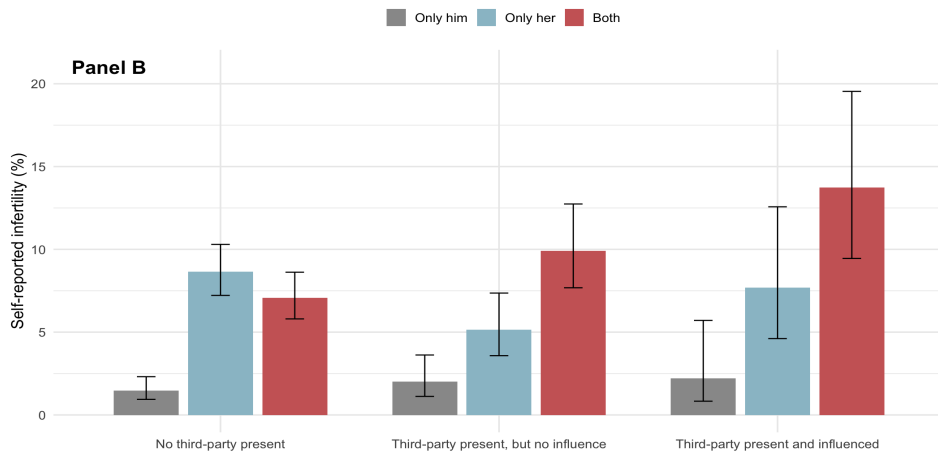


Figure 2: (Continued)

Notes: $N = 2,011$ couples interviewed in wave 19 with non-missing data on dependent and independent variables. Error bars represent 95% confidence intervals for the proportion of respondents reporting infertility within each subgroup.
Source: Author's calculations using data from the HILDA Survey, wave 19, release 21.

Table 3 presents the results of the multinomial regression predicting the effect of the presence of a third party on the consistency in infertility reporting. Compared to interviews conducted without a bystander, the relative risk of jointly reporting infertility is 2.16 times higher for men and 2.47 times higher for women ($p < .01$ in both cases) when a third party actively influences the interview. The presence of a third party who did not influence the interview is also positively associated with mutual reporting, but the association is weaker, especially for men. When a third party is present but does not influence the interview, the odds that only women report infertility are about 38% lower for men's reports and 37% lower for women's reports compared with interviews conducted without a third party present.

Table 3: Effect of the presence of a third party on consistency in infertility reporting (risk ratios)

	Men's reports of infertility ¹			Women's reports of infertility ¹		
	Infertility reported only for him	Infertility reported only for her	Both reported infertility	Infertility reported only for him	Infertility reported only for her	Both reported infertility
Third-party presence						
No third party present (r.)						
Third party present, but no influence	0.82	0.62*	1.08	1.41	0.63**	1.44**
Third party present and influenced	1.30	0.91	2.16***	1.91	1.05	2.47***
Age						
18–24 (r.)						
25–29	0.32	0.95	1.82	1.36	1.08	1.93*
30–34	0.43	0.90	2.40*	1.45	1.10	2.21*
35–39	0.59	1.48	2.35	2.87	1.65	3.06***
40–45	0.64	1.24	1.98	4.08	2.92***	2.73*
46–49	2.17	3.49**	4.66***	4.97	3.82***	5.39***
50–59 (Men only)	1.59	2.22	3.46*			
Parity						
0 (r.)						
1	4.34**	1.37	0.68	2.07	1.05	0.88
2 or more	0.87	0.95	0.41***	0.45	0.63*	0.37***
Relationship²						
Married (r.)						
Cohabiting	1.92	1.15	0.57**	1.63	1.04	0.58**
Education						
Below tertiary (r.)						
Tertiary	0.72	0.75	0.65*	0.57	0.70*	0.67*
Migrant and ethnic status						
Nonmigrant, non-ATSI (r.)						
ATSI	0.00	0.80	0.54	1.42	1.05	0.35
Generation 1 migrant	0.88	0.77	0.72	0.53	0.63*	0.45***
Generation 2 migrant	1.42	0.87	0.81	0.90	1.25	0.86
Remoteness area²						
Major city (r.)						
Inner regional	0.70	0.95	1.32	0.70	0.96	1.32
Outer regional and remote	1.22	0.81	1.29	1.25	0.87	1.38
Constant	0.02***	0.09***	0.09***	0.01***	0.09***	0.09***

Notes: N = 2,011 couples interviewed in wave 19 with non-missing data on dependent and independent variables. Results from multinomial regression. ATSI = Aboriginal and Torres Strait Islander people.

¹ Reference category is neither partner reports infertility.

² These variables are based on reports provided by the female partner.

*p < .10; **p < .05; ***p < .01. (r.) = Reference category.

Source: Author's calculations using data from the HILDA Survey, wave 19, release 21.

5. Discussion

Despite growing interest in how couples experience and report infertility, no study to date has examined the influence of third-party presence on individual reporting or on agreement between partners. This paper addresses both gaps. We find that (1) men and women interviewed in the presence of a third party are more likely to report infertility, and (2) third-party presence increases agreement between partners in their reports. Building on the literature reviewed in the introduction and considering that the vast majority of third parties are partners, we propose two main explanations for these findings.

First, regarding the higher likelihood of reporting infertility in the presence of a third party, respondents may be more inclined to disclose infertility when someone informed, like a partner, is present (Aquilino 1993; Boeije 2004). Our results suggest that individuals and couples may not necessarily fear stigmatisation by the interviewer in such settings. On the contrary, reporting infertility may be more acceptable (or even preferable) compared to implying a choice not to have children in societal contexts where having children appears to be the norm.

Second, the increased agreement between partners observed in the presence of a third party may reflect real-time correction during the interview process (Reimondos, Evans, and Gray 2011; Welkenhuysen-Gybels and Billiet 2001). Beyond factual clarification, the interview may also serve as a moment of mutual recognition. Infertility is not always a clearly defined condition, and partners may be at different stages of recognising or accepting it. When interviews occur in each other's presence, though not directly together as in a joint interview, the act of articulating this experience may help establish infertility as a shared reality, shaping how partners frame or disclose it. In this sense, agreement may reflect not only factual alignment but also the social construction of a joint narrative (Taylor and de Vocht 2011).

Interpretation of these findings should take into account several limitations. First, we assumed that, in most cases, the third party is the respondent's partner. However, the data do not allow us to directly verify this assumption. Second, information on third-party presence and influence is recorded by the interviewer for the interview as a whole rather than for specific questions. It is therefore not possible to determine whether the third party was present at the exact moment the infertility question was asked. In practice, however, interview conditions tend to remain stable throughout the interview. Experience from large-scale survey fieldwork indicates that third parties, particularly partners, typically remain present for most or all of the interview rather than only briefly. Moreover, even when a third party is not continuously present, their potential to interrupt the interview may shape respondents' behaviour throughout the interview. An advantage of the HILDA data is that the interviewer also records whether the third party exerted any influence on

the respondent, allowing us to distinguish between mere presence and active intervention. Third, we do not have information on the true prevalence of infertility within this sample, as we lack information on clinical diagnosis or on prolonged periods of regular unprotected intercourse, which are commonly used to define infertility. As a result, we cannot assess whether third-party presence improved reporting accuracy. What can be stated with confidence is that third-party presence substantially influences responses, but whether it made them closer to the truth remains an open question. Fourth, because this study relies on Australian data, the extent to which the observed patterns generalise to other countries and survey contexts remains uncertain. While existing evidence from other settings indicates that partner presence can shape responses to sensitive questions, the magnitude and form of such effects may still vary across institutional, cultural, and survey settings.

Our findings have important implications. They suggest that accounting for third-party presence is particularly important when analysing responses to sensitive and subjective questions that are jointly experienced or negotiated within couples. Infertility is one such case: It is not always clearly defined and often involves uncertainty, and its meaning is constructed through interaction between partners. Similar dynamics may arise for other subjective indicators of individual or couple well-being, such as relationship quality, where partner presence may shape not only willingness to disclose but also how experiences are framed and reported.

6. Acknowledgments

A special thank is owed to the three anonymous reviewers for their constructive comments and suggestions throughout the revision process. We also thank Detlev Lück for helpful feedback on earlier drafts of this manuscript.

7. Data availability statement

The data that support the findings of this study are available to approved researchers from government, academic institutions, and non-profit organizations and accessible from the Australian Data Archive upon application (<https://dataverse.ada.edu.au/dataverse/ada>). The findings and views reported in this article are those of the authors and should not be attributed to the Australian Government, DSS, or the Melbourne Institute who are responsible for conducting the HILDA data which is used in this study.

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