

Childless or? Attitudes towards continued medical treatment among childless couples undergoing fertility treatment in Denmark.

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Background

Denmark has, like other late modern societies, during the past 40-50 years experienced a widespread acceptance of consensual unions paralleling declining rates of marriage and increasing divorce rates, widespread serial monogamy, while childbearing is being delayed as well as less confined to marriage. This development has led some scholars to claim, that the family as an institution is losing significance for the individuals and further to analyse the threat against the family in a frame of decreasing personal commitments to a long lasting relationship with shared responsibility for bringing up joint children.

However, studies and statistics have repeatedly demonstrated the value attached to having family *and* children as contrasting the idea of living alone or 'being single' with not too heavy obligations, and with different boy- or girlfriends. For Denmark, recent public statistics show, that among both men and women in their late 30s more than 50 per cent are married and that the large proportion of people living alone are primarily composed by young and old people and individuals being in periods between partnerships. Marriages have for a large part been contracted between partners who have lived together for years and often have one or two children together before marrying. Contracting a marriage may in this respect be considered as a confirmation of the mutual commitment between two partners who have chosen to live together.

Our theoretical frame for the study is the late modern society with reference to Giddens - a society which to a large degree equals the demographic concept of low fertility countries after the second demographic transition, at least regarding attitudes towards and patterns of family establishing and family life. One important aspect is the changing conditions related to intimacy and being sexually active, as sexual activity has been detached from reproduction. However, the meaning for couples of having a joint (biological) child has been discussed in recent literature regarding aspects of e.g. commitment between partners in the new family patterns and the value attached to having a child.

Data

The data used in the study are part of the data collected for the COMPI-cohort, which includes information on consecutively, new couples attending one of four public and one private fertility clinic in Denmark in the period 1st January 2000 – 31st August 2001. During the inclusion period these four public fertility clinics covered 62.8 per cent of all in-vitro treatments in the Danish

public health services. All couples (1,406 couples) initiating treatment in the five clinics were invited to participate in the study and in total 2,250 individuals (80 per cent) responded positively and completed the so-called *base-line questionnaire*, individually by both partners in 1,069 couples, and by 100 women and 12 men, whose partners did not complete. Of these, 2,206 individuals were traceable and alive for follow-up after one year and 87.7 per cent (1,934 individuals) completed the *1 year follow-up questionnaire*. For the *five-year follow-up questionnaire*, all traceable and alive from the base-line round (2,134), were contacted and 1,481 (69.4 per cent of the 2,134) completed the questionnaire (Schmidt et al. 2008).

Further, for the 808 couples where both the man and the woman did complete both the baseline questionnaire *and* the 1-year follow-up questionnaire the data set has been supplemented with detailed data from medical records regarding each treatment attempt during the five years from the inclusion in the study. These data give information on for instance the number of cancelled treatment cycles.

The *baseline-questionnaire* gives, among other topics, information on the respondents' and their partners' reproductive histories before the actual treatment and whether they have been in a fertility treatment prior to inclusion in the COMPI-cohort. Of special relevance for the present analysis is the information on the intensity of their wishes to have children and their expectations to the fertility treatment, for instance, how they cope with and communicate with each other about their experience of infertility, whether they experience infertility-related stress. Socio-demographic characteristics (e.g. age, gender and family situation) are included.

The *1-year follow-up questionnaire* concentrates on the results of the treatment (child or no child), the couple's evaluation of the treatment, whether they plan to tell the child and whether they have disclosed to others how the child was conceived. Further, couples for whom the treatment has been unsuccessful were asked about eventual reasons for deliberately ending treatment, the experience of infertility-related stress, coping, the sense of coherence, their health, and communication between the partners regarding the infertility.

In the *5-years follow-up questionnaire* the same information is included as in the 1-year follow-up concerning the couples' situation with specific questions for the couples who did not have a child as a result of the treatment. This 5-years follow-up further contributes with information on live births subsequent to insemination which in Denmark is used almost as often as the high-technological methods. These questions make it possible to distinguish between childbirths after any fertility treatment and non-treatment related childbirths. This can not be elucidated from the IVF-register which has no information on births after insemination.

Further, which is especially relevant for this study, the meaning attached to having a child, can be analyzed at 1 and 5 years follow-up, for couples who have not had a child as result of the treatment. In the present study, *focus is on couples who deliberately decided to end further treatment even if they had not had any child from the treatment.*

Analyses

We will use analyses of the characteristics of and the decisions by couples whether to end fertility treatment *even* if they have not achieved pregnancy and childbirth, to elucidate *the wish for and the meaning of having a joint child*. Our main focus is, as mentioned, on the population of couples, who have deliberately stopped further fertility treatment, in spite of the fact that they have not accomplished a pregnancy after the trials and are entitled to further treatment. In line with the analysis of the meaning of having a joint child, we also wish to elucidate whether the two genders influence the decision to stop treatment in different ways and whether they – in the couples - express any disagreement. The decision to end treatment will be analysed considering the couples' expressed attitudes towards the choice between adoption of a child and further medical treatment and results presented at the PAA-meeting.

The couples stopping fertility treatment have been through a process of both expressing the wish for a child and experiencing that they will not succeed. We find the study of this group can increase our understanding of the decisions regarding childbearing.

More details about the cohort can be found in:

Schmidt L, Holstein B, Hougaard CO, Lund R, Watt T (2008). *The Copenhagen Multi-centre Psychosocial Infertility (COMPI) Research Programme*. Copenhagen: Institute of Public Health

Homepages:

<http://www.infertilityandfamily.aau.dk/>

<http://www.compiro.dk/>

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