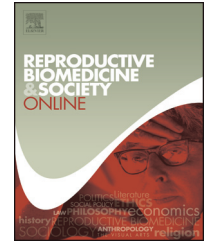




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ARTICLE

Attitudes towards family formation among men attending fertility counselling

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Abstract Men and women are increasingly postponing childbearing until an age where fertility has decreased, meaning that they might have difficulties in achieving their desired family size. This study explored childless men's attitudes towards family formation. Data were collected through semi-structured qualitative interviews with 21 men attending the Fertility Assessment and Counselling Clinic in Copenhagen or Horsens, Denmark. Data were analysed using content analysis. The men envisioned a nuclear family with their own biological children, but they experienced doubts and ambivalence about parenthood and feeling 'ready'. Their lack of readiness was linked to their awareness of the sacrifices and costs involved with parenthood, and their belief that they could safely delay parenthood. The men did not consider that they may be unable to have their own biological children. This study highlights the importance of considering men's attitudes and preferences towards family formation when understanding couples' decision-making. Contrary to common understanding, the findings show that men are as concerned with the planning and timing of parenthood as women, but their knowledge of the age-related decline in fertility is poor. Men need to gain more awareness of the limitations of fertility and the impact of female and male age on the ability to achieve parenthood aspirations.

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KEYWORDS: childbearing, delayed childbearing, fertility awareness, male, qualitative research

<https://doi.org/10.1016/j.rbms.2018.06.001>

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Introduction

In many high-income countries, men and women are increasingly postponing childbearing until an age where fertility has decreased, meaning that they might have difficulty in achieving their desired family size despite access to fertility treatment (Joffe et al., 2009; Leridon, 2004; Mills et al., 2011). The postponement of parenthood raises questions about men's and women's reproductive intentions and choices (Lampic et al., 2006; Svanberg et al., 2006; Thompson and Lee, 2011).

The risks associated with postponing childbearing include age-related decline of female fecundity and impaired success rates of assisted reproductive technologies (Malchau et al., 2017). Increasing paternal age (over 35 years) is associated with lower fertility, an increase in pregnancy-associated complications (higher miscarriage rate, pre-eclampsia and preterm births) and an increase in adverse outcome in the offspring (Sartorius and Nieschlag, 2010).

Previous studies of attitudes towards family formation among men and women have included students (Lampic et al., 2006; Peterson et al., 2012; Svanberg et al., 2006; Virtala et al., 2011), women of higher reproductive age (Petersen et al., 2015), fertility patients (Schytt et al., 2014) and population-based samples (Daniluk and Koert, 2013; Hammarberg et al., 2013; Tough et al., 2007; Vassard et al., 2016).

Several studies indicate that there is a low level of fertility awareness among men and women (Benzies et al., 2006; Hammarberg et al., 2013; Heywood et al., 2016; Lampic et al., 2006; Peterson et al., 2012). For example, men have been found to be unaware of the impact of male age on fertility (Daumler et al., 2016; Hammarberg et al., 2017a) and to lack knowledge of the impact of modifiable risk factors that impact fertility (e.g. smoking and obesity; Daumler et al., 2016; Hammarberg et al., 2013). They also overestimate the age when female fertility declines (Chan et al., 2015; Peterson et al., 2012; Sabarre et al., 2013; Virtala et al., 2011) and overestimate the chance of having a child with assisted reproduction (Chan et al., 2015; Daniluk and Koert, 2013; Hammarberg et al., 2017a; Peterson et al., 2012; Sabarre et al., 2013; Sorensen et al., 2016; Sylvest et al., 2014).

Research shows that men's attitudes towards family formation influence couples' childbearing decisions (Dudgeon and Inhorn, 2004). As reasons for postponing parenthood, men most often mention difficulties in finding a suitable partner with whom they want to have children (Eriksson et al., 2012; Svanberg et al., 2006). Also, men frequently mention important prerequisites to parenthood, such as completing their education and securing a stable job, housing and finances (Hammarberg et al., 2017b; Peterson et al., 2012; Roberts et al., 2011; Svanberg et al., 2006).

To improve understanding of the role of men in childbearing decisions, the purpose of this qualitative study was to explore the attitudes of childless heterosexual men towards family formation.

Materials and methods

Setting

Denmark has high gender equality and female participation in the labour market. Some employers provide men with 3 months parental leave, but few men take advantage of this option. The mean age of men who became fathers in Denmark in 2016 was 33.4 years. For first-time fathers, the mean age was 31.2 years, and 20.1% of all men were childless at 50 years of age. The current age of first-time mothers is 29.2 years. The number of cycles of assisted reproduction per capita in Denmark is one of the highest in the world (around 9% of all children are born after assisted reproduction). Increasing numbers of single women are using sperm donors (Statistics Denmark, 2017).

Fertility awareness is now firmly on the political agenda in Denmark, with various campaigns addressing the nation's need for more babies. The Fertility Assessment and Counselling (FAC) Clinic in Rigshospitalet, Copenhagen, Denmark was established in August 2011 in order to prevent infertility and reduce the need for fertility treatment. It operates as an independent clinic and uses the hospital's fertility clinic facilities and professional expertise (Hvidman et al., 2015). The FAC Clinic offers assessment and counselling to men and women with no known fertility problems regarding their present and future fertility potential. The concept of the FAC Clinic has been described elsewhere and is briefly introduced here (Petersen et al., 2017; Hvidman et al., 2015). Following the opening of the first clinic in Denmark's capital city, Copenhagen, a second clinic was opened in Horsens, Denmark, a more regional city. The clinics are state funded and offer consultations free of charge. Men and women do not need a referral but can schedule an appointment themselves. Clients complete a questionnaire including items regarding sociodemographic background, reproductive and medical history, lifestyle and behavioural exposures. Women undergo pelvic sonography and measurement of Anti-Müllerian hormone, and men undergo semen analysis. Since opening in 2011, 2000 women and 700 men have attended the FAC Clinic.

Study population and sampling

Men eligible for the study were those who had booked a consultation together with their female partner at the FAC Clinic in 2015. Invitations to participate, together with information about the study, were sent to them by e-mail until data saturation. In total, 24 men were invited, and 21 agreed to be interviewed before their consultation at the clinic. The men were interviewed separately from their partner to allow in-depth exploration of the sensitive topic of attitudes towards family formation. The women were also interviewed separately: their interviews have been described in detail elsewhere (Sylvest et al., 2016).

Data collection

A semi-structured interview guide was developed with open-ended questions focusing on family formation intentions and attitudes. The interview questions were informed

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