

Informed Reproductive Decision-Making: The Impact of Providing Fertility Information on Fertility Knowledge and Intentions to Delay Childbearing

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Abstract

Objective: To examine the impact of providing fertility information on personal levels of fertility knowledge and intentions to delay childbearing.

Methods: Participants (n = 69 young childless women) were randomly assigned to either an experimental (fertility-related) or control (alcohol-related) informational intervention group. Subsequent to the exposure to information, participants completed a questionnaire measuring fertility knowledge and intentions for reproduction. We predicted that the provision of fertility-related information would result in greater fertility knowledge and less intention to delay childbearing among young childless women.

Results: The young women exposed to the brief fertility information intervention were significantly more likely to respond correctly to questions testing their fertility knowledge, and reported less intention to delay childbearing than the young women in the control group.

Conclusion: This study provided evidence that providing fertility-related information contributes to greater reproductive knowledge and may affect childbearing intentions. Future research is warranted to examine the influence of fertility information on reproductive decision-making within a theoretical framework in order to ensure that subsequent information interventions maximize their effectiveness.

Key Words: Fertility, reproductive intentions, delayed childbearing, reproductive knowledge

Competing Interests: None declared.

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Résumé

Objectif : Examiner les effets de l'offre de renseignements en matière de fertilité sur les niveaux personnels de connaissances au sujet de la fertilité et sur les intentions de différer la grossesse.

Méthodes : Les participantes (n = 69 jeunes femmes sans enfants) ont été affectées au hasard à un groupe d'intervention informationnelle expérimental (traitant de fertilité) ou témoin (traitant d'alcool). À la suite de leur exposition aux renseignements, les participantes ont rempli un questionnaire mesurant les connaissances en matière de fertilité et les intentions en matière de procréation. Nous avons prédit que l'offre de renseignements traitant de fertilité entraînerait une amélioration des connaissances au sujet de la fertilité et une atténuation de l'intention de reporter la grossesse chez les jeunes femmes sans enfants.

Résultats : Les jeunes femmes exposées à une brève intervention informationnelle traitant de fertilité ont été considérablement plus susceptibles de répondre correctement aux questions visant leurs connaissances au sujet de la fertilité; de plus, elles étaient moins susceptibles de signaler une intention de reporter la grossesse que les jeunes femmes du groupe témoin.

Conclusion : Les données issues de cette étude indiquent que l'offre de renseignements traitant de fertilité contribue à l'amélioration des connaissances au sujet de la procréation et pourrait influencer les intentions en ce qui concerne la grossesse. La tenue d'autres recherches s'avère justifiée pour examiner l'influence des renseignements traitant de fertilité sur le processus décisionnel en matière de procréation dans un cadre théorique, de façon à ce que l'on puisse s'assurer que les interventions informationnelles subséquentes maximisent leur efficacité.

INTRODUCTION

The majority of men and women have strong intentions to have biological children at some point,¹⁻⁴ yet not all individuals realize their reproductive intentions. Difficulties with conception (i.e., infertility or subfertility) often thwart reproductive intentions, and many women postpone childbearing to later ages, when fertility naturally declines.⁵⁻⁷

Postponement of first births has been correlated with smaller family size and with increased childlessness, both of which contribute to the overall decline in fertility rates experienced in many countries including Canada.^{1,7-12} More women over age 30 are giving birth, and the proportion of first births occurring among women in this age group has been increasing over the past 20 years.^{6,7} In 2006 the average age of Canadian women at first birth was 29.3 years.¹² The percentage of first births occurring among women aged between 30 and 34 increased from approximately 19% in 1982 to just over 31% in 2006.⁷ During this same time period, the percentage of live births occurring among women aged 35 to 39 increased three-fold (4.7% to 14.8%), and among women aged 40 to 44 it increased four-fold (0.6% to 2.8%).⁷ The trend for women to delay childbearing is evident; women report various reasons for intending to delay motherhood, including educational and career advancement,¹³⁻¹⁵ financial security,^{5,16} and time needed to establish a stable relationship.^{5,17}

Associated with this trend to delay childbearing is a corresponding increase in the number of individuals turning to various forms of assisted reproductive technology (ART) to aid reproduction.^{7,9,18} However, levels of knowledge about issues related to fertility, reproduction, and ART are low among the general population.^{7,11} For example, many people are unaware that the effectiveness of ART declines for women after the age of 35.⁷ Further, advanced maternal age is also associated with an increased probability of pregnancy complications and adverse outcomes.^{7,18} Consequently, many women who delay childbearing find they are unable to fulfil their desire for a family and experience involuntary childlessness.

The low levels of knowledge about fertility, reproduction, and ART among the general community have led many medical professionals and reproductive experts to conclude that there is a need for greater public education on these topics, as many young women may make uninformed decisions to delay childbearing. Specifically, they assert that women should be better informed about age-related declines in fertility as well as the availability, costs, and limitations of ART,^{4,7,9-11,19-22} so that they can better

evaluate delayed childbearing against other life choices (e.g., education, career advancement, financial security). Underlying this assertion is the belief that providing this information will facilitate informed decision-making and will, for some women, be sufficient to alter attitudes, intentions, and behaviour. However, the link between knowledge (or attitudes) and change in behaviour is not always direct.²³ Provision of information on many health-related issues (e.g., smoking, diet) does not always lead to the desired change in lifestyle intentions or behaviours.

To date, there has been only one empirical examination of the impact of information intervention efforts targeting women's intentions to delay childbearing.²⁴ Wojcieszek and Thompson found that, within an undergraduate Australian sample, exposure to an online information brochure on fertility resulted in significant increases in knowledge of fertility and IVF effectiveness in the intervention group, and consequently to significant decreases in desired age at commencement and completion of childbearing.

These investigators provided preliminary empirical evidence to support the contention that providing fertility related information can alter intentions with respect to delayed childbearing.²⁴ However, their use of a pre-post design introduces the possibility of confounding because of potential for pre-exposure bias. Within their methodology, participants were exposed to the same measures of reproductive intentions immediately before and immediately after the provision of fertility information, all of which occurred in the same experimental session. The sequential measuring of the same attitudinal/intentional variables in such a short time frame raises the possibility of participants guessing the hypothesis and providing a desirable response on the post-test measure.

The purpose of this research project was to explore further the impact of providing fertility information on reproductive intentions in a sample of Canadian women by employing a post-test only experimental design to remove the potential pre-exposure bias. We hypothesized that the provision of detailed, accurate, and accessible information regarding reproduction, fertility, and fertility treatment would result in greater fertility knowledge and a reduction in intention to delay childbearing in young childless women.

METHODS

Participants were recruited through the University of Saskatchewan undergraduate psychology participant pool as well as through on campus posted advertisements during the winter of 2012. Participants recruited via the

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