Women's views on fertility and conception in five countries

Introduction

Demographic trends, such as later motherhood and reduced family size, indicate that the ways women consider fertility and becoming pregnant may also be changing. This study sought to understand women's views and understanding of fertility and conception in five divergent countries.

Study Design and Methods

During 2011, in-depth, one to one interviews were conducted by TNS* with 120 women from five countries; Russia, USA, Brazil, Germany and Italy. In total, 24 interviews were conducted per country. Trained interviewers performed 90 minute interviews with individual women following a pre-set discussion plan. The questions were designed to understand women's attitudes towards fertility and conception in order to obtain qualitative data from each country.

Women were recruited via local agencies with representation from the following groups of women;

- a: 23–30, or, 31–40 years old
- b: Have children already, or, no children
- c: Seeking to become pregnant now, or, wishing to become pregnant in the future

The combinations of a, b and c provided 8 distinct groups. In addition, the intention was that approximately 1/3 of women recruited had, or were currently having, difficulty conceiving.

The interviews were recorded to capture all the discussion themes, in order to qualitatively assess the attitudes and views of these women.

Results

For many women in all countries, having a child is seen as the essence of who they are and what it means to be a woman. The themes identified by interview are described below:

There are some cultural differences affecting the strength and realization of the plan of having children





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The desire for a child is seen as a natural feminine instinct, especially in Russia, Brazil and Italy. The central motivations for deciding to start a family are:

- Experience the unique feeling of deep love
- "There are no relationships like the one with your child" "Your kids will love you with no reason, just because you exist in their lives"
- A natural evolution and sign of growth of the partnership
- Develop the family closeness from generation to generation

"I'm very close to my family and it would be nice to continue that closeness" "To me it's very important to give something from generation to generation"

Create something with their partner

"My child is part of us, a part of me.... It is everything"

- Not being alone (in old age)
- "I want to have children because I don't want to be lonely when I'm older"

"I will always have a person beside me, I can lose anyone, I can lose the husband, the father, but I will always have that child close to me"

Sometimes there is external pressure from husband/family

"I don't want to disappoint my family"

However, women revealed that starting a family was not a simple decision as it had to be balanced against other elements of their life as depicted below:

In realizing the desire for a child in their life planning, women try to keep the balance of several aspects

Balance of **family and other 'vocations'** (more important in Germany and the US)

Children fulfil specific needs, such as the feeling of deep love or the sense of completeness and belonging.	VS.	'Vocation' e.g. career for reasons of self-realization and emotional stability.
Balance within their partnership		
Strengthen the bond to their partner with a child, with regard to intimacy and love.	VS.	Problems trying to become pregnant may increase pressure on both partners. A child can also be a reason for disputes between the parents.
Balance within their femininity		
Strengthening their femininity and self-confidence as a woman by having children.	VS.	Negatively influencing their self-perception as a woman by experiencing problems becoming pregnant.

The path to achieve a pregnancy was similar between countries, where 4 distinct stages could be identified (although not all women progressed through all stages). However, women in Germany and the US transition more quickly to the next stage. Women in Germany and the US often carefully plan pregnancy to suit their life plans. However, in Brazil, Italy and to some extent Russia, having a child is seen as a natural stage that is not actively planned and these countries also have very low awareness of methods to assist with conception.

Figure: The path to pregnancy

1st Step: DECISION TO HAVE A BABY		
 Thinking about the positive aspects of pregnancy Discontinuing the pill/contraception Smoking cessation, limiting alcohol consumption and starting a balanced diet (in anticipation of pregnancy) Some take vitamins/minerals and try to avoid any form of stress, some consult their gynecologist (less so in Italy) 		
2nd Step: FIRST TRIES		
 Try it without any help for a few cycles – let nature take its course Some think pregnancy will happen on its own Some believe they know their cycle/body well enough to determine the right moment Some think having sex every 2 or 3 days will result in sucess, others check the calendar to determine their fertile days 	WAIT & SEE SOME DO IT THE RIGHT WAY	
3rd Step: SOME CYCLES WITHOUT SUCCESS		
 Need to stay optimistic in order to not pressurize themselves, or relationships with their partner and other family/friends Reduce doubts about fertile days, searching for tips/tricks/tools Understand the theory of fertility and concept of fertile days 	 LEARN BEST PRACTICE UNDERSTAND WHY? 	
fertile days 4th Step: REPEATEDLY NO SUCCESS (appro	ox. after a year)	
 Refer to professional, medical help e.g. taking hormones, thinking about IVF (in USA often earlier!) 	• GET HELP!	

There were country specific differences in where women sought information. In Brazil women typically consult family and friends, whereas in the US healthcare professional advice is sought much earlier. There were two types of information; experience based (emotional) information and factual based (rational) information, which were obtained via different forms of media as depicted below:

Experience based information	Factual based information
sources	sources
 Family Friends Partner 	 HCP (Doctors, Pharmacists) Internet Magazines/Books
 TV Soaps/Films (less often) Give insight about comparable situations and emotional support by their social environment Experiences and feelings can be shared with others 	 TV Documentaries (less often) This kind of information is sought for when bigger problems arise (or are feared) Gives a more anonymous overview about facts and possible solutions for problems and disorders
<i>"I learned a lot from friends' pregnancies. My circle of friends is 'live' what's better than that?"</i>	<i>"I would get some information from the internet first. Apart from that I would ask my gynecologist."</i>

- Mostly preferred by *women who think* that pregnancy will occur easily
- Mostly preferred by *women who* think that they may have problems achieving pregnancy

The baseline knowledge of women regarding fertility and conception differed considerably between countries, and mirrored attitudes towards achieving pregnancy. That is, women who wished to plan their pregnancy were generally more knowledgeable than those who were content to "let it happen naturally". German women, followed by US women are aware of the details of female fertility, but in other countries knowledge is poor and information is only sought if there are problems conceiving, with conception folklore still common, especially in Russia.

Conclusions

Having a child is considered a central tenet of being a woman in these five countries, however, their path to achieving pregnancy is very different and very individual. Women in Germany and the US have higher awareness of female fertility and tend to actively plan pregnancy, whereas in the other countries knowledge is lacking and conception is viewed as a natural event only requiring medical advice if infertility is suspected.

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