

Abstract for **The 18th Nordic Demographic Symposium**

Does the perceived importance of having children influence whether couples deliberately end fertility treatment without having conceived? A study from Denmark – **Lisbeth B. Knudsen**, *Department of Sociology and Social Work, Aalborg University*; **Lone Schmidt**, *Institute of Public Health, University of Copenhagen*

The continuously delaying of first birth and the resulting period (and cohort) total fertility rate below replacement level in Denmark, have increased focus on artificial reproduction technologies, both as a means to help couples to achieve the number of children wished-for, to keep-up national fertility level and diminish the risk of adverse outcomes. The research presented is part of an ongoing project on “Family histories and establishing of daily life after fertility treatment” (<http://www.infertilityandfamily.aau.dk/>), including couples, who initiated a new period of fertility treatment at a public clinic in Denmark (covering 63 pct. Of all registered treatments) during 2000-2001: the COMPI-cohort (<http://www.compiro.dk/>). Both partners in the couples were individually interviewed at initiation of treatment (base-line) and after 1 and 5 years followup, irrespectively whether they had achieved pregnancy or were still undergoing treatment. The base-line questionnaire was completed by both partners in 1,069 couples. In total 568 couples, who had no child at the initiation of treatment completed all three questionnaires. We present an analysis of whether couples, who deliberately end further treatment even though they are still childless, differ from other couples in the COMPI-cohort. A preliminary analysis showed that in total, 123 couples who did not conceive, were still together as a couple at the 5-year follow-up. Of those, 77 couples chose to stop treatment, while the remaining 46 continued. A first analysis did not show any convincing socio-demographic differences between the two groups. In order to get more thorough understanding of the reasons for the decision and reveal any differences between the groups, we include information from the questionnaires regarding the attached meaning and importance of having a joint child as well as infertility related stress and previous family histories. In this way, we hope to be able to identify possible selection processes influencing who undergo treatment.