European Population Conference 2012
13-16 June, 2012, Stockholm

Cross-border fertility care: "Tell me who you are and I will tell you where to go"

Virginie Rozée Gomez (INED, France)

Background

In Europe, there are legal and medical disparities regarding assisted reproductive technologies (ART). Some countries place restrictions on access to ART regarding the age of infertile women, their matrimonial situation and sexual orientation. Medical technologies such as surrogacy, pre-implantation genetic diagnosis (PGD) or oocyte donation may also be prohibited or limited. At the same time, other countries have more inclusive ART legislation and authorize the use of ART by homosexual population, single women or women over 43 years old. In some countries, medical technology like surrogacy is allowed (Jones et al., 2010). These legal and medical disparities in ART lead to cross-border fertility care around the world (Blyth, 2010; Nygren et al., 2010): to evade restrictive legislation in their own country or to have a quicker or cheaper access to ART, some nationals go aboard to conceive a child in that way. A study carried out by European Society of Human Reproduction and Embryology (ESHRE) in 6 European countries shows that it is principally Italian, German, Dutch and French nationals who go abroad to use ART, and their main reasons are legal ones (Shenfield et al., 2010).

In France, where artificial insemination and intra-partner *in vitro* Fecundation (IVF) are widely used (La Rochebrochard, 2008), access to ART is restrictive compared with other European countries: ART techniques are available only to men and women who are married or have cohabited for at least two years, are of reproductive age and with medically confirmed infertility. Moreover, use of certain techniques such as oocyte donation is limited and waiting lists are long because of the lack of donors and even of specialized medical centres (Aballea et al., 2011; Merlet and Sénémaud, 2010). In this context, some French nationals go abroad, where access and offer of fertility care are more flexible. However, we do not know who they are, how many they are and what exactly are their motives and histories. Data on this topic mainly came from associations or from clinical and epidemiological studies, and did not allow identification nor understanding of the socio demographic characteristics and histories of French nationals using ART abroad.

The main purpose of this poster, which is part of a current survey on cross-border fertility care[1], is to identify and analyze the transnational paths of ART, especially those used by French nationals in Europe, to understand who goes abroad, where, how and why.

Data and research methods

Through a preliminary research (bibliographical work and interviews with researchers, physicians, associations and with French intended parents whom we contacted through associations), we selected three countries that we have identified as being the main destinations of French nationals in Europe: Belgium, Spain, and Greece (Rozée, 2011). We also included Denmark which seems to receive a recent growing demand from France. In each of these European countries, we selected one medical centre which receives an important proportion of French patients, which put us in touch with them.

[1] This research received financial support from the Paris Region (Institut Emilie du Chatelet), the French Biomedicine Agency and the Research Institute on Public Health (IReSP).

We are conducting interviews directly in foreign ART services or in France, for practical reasons, when the patients come back home after the medical care or contact aboard. The interviews aim at collecting personal, social and medical histories. We also make them available through these medical centres self administrated questionnaires, which allow to identify the socio demographic data (ages, marital situations) and the other possibilities, such as adoption, they had considered to have a child before using ART aboard.

From 2010 to 2011, we conducted 103 interviews with men, women and couple using ART in Greece (n=31), Belgium (n=21), Spain (n=49) and Denmark (n=2); and we collected 88 self-administrated questionnaires regarding transnational use of ART in Greece (n=22), in Belgium (n=22), in Spain (n=35) and in Denmark (n=9). The results here are principally based on quantitative data from self administrated questionnaires. We only use qualitative data from interviews to confirm those results or to give some additional information.

First results

(1) Here, we show the main differences relating to access and offer of ART. Globally, we identified three groups of countries: a first set of countries with particularly restrictive laws (France, Italy, Switzerland, Germany, Austria); a second group of countries with more liberal laws (Spain, Belgium, the Netherlands, Greece, Israel, the United Kingdom); and finally, a last group of countries with a lack of legal framework at the national level (among others: the United States where the law varies from state to state, and India).

(2) We also show the major transnational paths used by the French nationals, which are largely determined by the socio-demographic characteristics of the intended parents and the medical care being sought. We observed three main paths:

- sperm donation path which is mainly taken by single or lesbian women and principally leads to Spain, Belgium and the Netherlands;
- oocyte donation path which principally concerned heterosexual couples and Spain, Greece and some Eastern European countries;
- surrogacy path taken by infertile women in heterosexual unions or by homosexual men, who mainly go outside of Europe, to United States and Canada, and increasingly where surrogacy is less expensive, in Eastern Europe and India.

To illustrate these different paths, we examine more closely the case of patients from the sample of current study.

(3) Finally, we show that cross-border fertility we observed concerns both excluded people from ART and French people who could legitimately use ART in France. It shed light on unsatisfied demands in terms of infertility care in France and on new expectations. We observed that French restrictions and prohibitions regarding ART were then coloured by certain conformity to the French dominant model of procreation and the family (concerning mother's age, heterosexual parents, intra-partner conception) and that this model was at the same time reinforced and reinvented by the French cross-border patients.

Conclusion

This study analyzes a new social but also demographic, medical and epidemiological phenomenon: the cross-border fertility care. It underlines the disparities of medical care in a

restricted space such as Europe, and it reveals how people analyze and experience their medical care in their own country, and how they decide to sidestep the legal and medical framework. By collecting quantitative and qualitative data in the countries selected, we can illustrate the identified paths taken by French people in order to use ART and analyze in depth the instances of infertility which lead to cross-border fertility care.

Interviews and demographic data allow studying more sharply the characteristics of the French cross-border patients and the medical, social, political and personal reasons for seeking ART aboard, these reasons often being the woman's age, sexual orientation, marital status and the medical technology required. It also sheds light on a certain globalization of medical care and biological material, and even its inherent risks, when ART is performed outside of any legal framework, or without completed information. Finally, the study underlines the gap between the social conception of procreation and the family behind the offer of ART in France and the one the social conception that motivates the demand abroad. We then observe new ways of wanting and having children in France, which are related to advances in reproductive medicine and increasing globalization.

References

ABALLEA Pierre, BURSTIN Anne, GUEDJ Jérôme, MAYSONNAVE Cécile, 2011, « Etat des lieux et perspectives du don d'ovocytes en France », Rapport (RM2011-024P)-Tome1, Inspection générale des Affaires sociales.

BLYTH E., 2010, "Fertility patients' experiences of cross-border reproductive care", *Fertility and Sterility*, 94(1).

DE LA ROCHEBROCHARD E. (éd.), 2008, De la pilule au bébé-éprouvette. Choix individuels ou stratégies médicales ?, Paris: INED & PUF, vol.161.

JONES Howard W, COOKE Ian, KEMPERS Roger, BRINSDEN Peter, SAUNDERS Doug, 2010, « International Federation of Fertility Societies Surveillance 2010 », disponible sur http://www.iffs-reproduction.org/documents/IFFS_Surveillance_2010.pdf.

MERLET F., SENEMAUD B., 2010, « Prise en charge du don d'ovocytes : réglementation du don, la face cachée du tourisme procréatif », *Gynécologie, Obstétrique & Fertilité*, 38.

NYGREN K., ADAMSON D., ZEGERS-HOCHSCHILD F., and MOUZON (de) J., on behalf of the International Committee Monitoring Assisted Reproductive Technologies (ICMART), 2010, "Cross-border fertility care-International Committee Monitoring Assisted Reproductive Technologies global survey: 2006 data and estimates", *Fertility and Sterility*, 94(1).

ROZEE V., 2011, « L'AMP sans frontière », *Bulletin Epidémiologique Hebdomadaire*, 23-24.

SHENFIELD F., MOUZON J. de, PENNINGS G., FERRARETTI A.P., NYBOE ANDERSON A., WERT G. de, and GOOSSENS V., the ESHRE Taskforce on Cross Border Reproductive Care, 2010, "Cross border reproductive care in six European countries", *Human Reproduction*, 25(6).