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## Travelling from France for CBRC: an internet survey as a first step to measure this phenomenon

Virginie Rozée<sup>1</sup>, Elise de La Rochebrochard<sup>2</sup>

<sup>1</sup> Institut National d'Etudes Démographiques - INED, Research units "Fertility- family and sexuality" and "Sexual and reproductive health and rights", Paris Cedex 20, France

<sup>2</sup> Institut National d'Etudes Démographiques - INED- INSERM- Univ. Paris-Sud-UVSQ, Research units "Fertility- family and sexuality" and "Sexual and reproductive health and rights"- CESP, Paris Cedex 20, France

**Study question.** The objective was to explore some essential features of use of CBRC by French patients in order to design a larger survey quantifying CBRC.

**Summary answer.** CBRC in France is characterized by strong information and social networks (whatever the socio-demographic profiles, ART used, or destinations) that make a larger survey possible.

What is known already. CBRC is described as a worldwide, growing and multifaceted phenomenon, concerning people with diverse sociodemographic characteristics and reasons for crossing borders. France is one of the top four European countries whose residents seek CBRC elsewhere. However, the scale of CRBC cannot be estimated from existing studies because they are mainly qualitative or based on non-representative samples. A preliminary statistical work proposed a cutting-edge methodological study design to quantify the CBRC population based on the benchmark-multiplier method. However, the information channels and social networks mobilized by CBRC patients first need to be tested.

**Study design, size, duration.** A three-month online cross-sectional survey was conducted in 2018 to explore CBRC. It was approved by the Ined Data Protection Officer (2017-CIL-0013). The survey was diffused by specialized associations and related professional networks. Inclusion criteria were: planning to travel or having already travelled to another country for CRBC, and being resident in France. This questionnaire (designed with Voozanoo® software) included questions on ART techniques planned or already used, destination countries, experience sharing and information sources.

Participants/materials, setting, methods. The internet survey was completed by 419 respondents. Analysis was based on the 348 (83%) respondents who met the inclusion criteria and fully completed the questionnaire. Descriptive statistics were obtained using SAS® software to analyse respondents' profiles and journeys, destinations and networks used.

Main results and the role of chance. Based on the internet survey, CBRC patients from France showed diverse sociodemographic profiles (single women, same-sex and heterosexual couples). They used ART in many different countries in Europe but also in the USA and Canada. However, Belgium and Spain were the main destinations for French residents. An important finding was the complexity of CBRC pathways, as a single respondent could successively have used different ART techniques in different countries. All respondents used Internet as the main CBRC information source, together with specialized associations and French medical doctors. Moreover, three out of four respondents knew at least one person using ART abroad. It will therefore be possible to use these important interpersonal and social networks to broadcast the large planned survey and to include a large sample. A large proportion of CBRC patients shared and intended to share their CBRC project with family (3/4), friends (3/4) and colleagues (1/2). This demonstrates that in France CBRC is no longer a highly sensitive and taboo issue. This is the time to launch a large survey with a good prospect of acceptability.

**Limitations, reasons for caution.** It is not possible to ensure the representativeness of the internet sample. Some profiles and techniques may be underrepresented, especially single men, male couples

and surrogacy. For the larger survey, the questionnaire will be broadcast through more associations  $\frac{1}{2}$ 

and clinics for better coverage of the CBRC population.

Wider implications of the findings. Based on these findings, an ambitious research project on CBRC

from France is now planned to produce a first estimate of the size of the CBRC population. More

broadly, this will allow further use of the cutting-edge benchmark-multiplier method for studies on

CBRC from other European countries.

**Trial registration number.** Not applicable.

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