
**Key Questions**

1) The article implies that some women offer to be surrogate mothers not for financial gain, but for their willingness to help infertile couples. Could this sympathy that surrogate mothers have towards infertile couples be a result of society's general view that a person's value is based on whether or not they have children?

2) Reproductive technologies serve as a solution to couples that suffer from infertility. Nonetheless, considering the potential for reproductive technologies to become an industry, is it ethical to loosen the restrictions placed on these technologies?

3) Should surrogate mothers be paid for volunteering? If surrogacy or any kind of assistive reproductive methods does become an industry, what changes would this bring in today’s society in terms of the dynamics between voluntary and involuntary childlessness?

4) Do you think that the government is supportive enough with the people involved with this issue? Could there be a solution in the end? Are there any alternatives available and what are they?

5) The article states, that it's estimated that one in six couples will have trouble conceiving on their own. How does the inability to conceive emotionally affect infertile couples? What impact does it have on their psychological well-being?

6) The cost of fertility treatments leaves many couples desperate because they simply cannot afford the procedures necessary. However in Ontario, the government will pay for up to three cycles of in-vitro treatments in a woman's fallopian tubes are blocked. How will the rise in infertility among Canadians impact our nation economically and socially?
Voluntary & Involuntary Childlessness

Childlessness is when a couple does not have offspring. There are two types of childlessness:

1) Involuntary Childlessness: Childlessness due to the biological inability to have children. The couple may be experiencing troubles conceiving a child due to infertility and other known and even unknown physical and health factors.

2) Voluntary Childlessness: Childlessness as a result of the couple’s willing decision not to have a child. Couples choose to remain childless due to various reasons (ie. financial stability, more quality time between the couple may be wanted etc.)

- hedonists- women unwilling to invest the time and money to have a child
- emotional- women who do not have an emotional attraction or draw to babies and children
- idealistic- do not want to bring a child into the world they feel is not good enough, or suitable
- practical- have a reason for not having children. Ex: not wanting to pass on a genetic defect

* Mardy S. Ireland concluded most women choose not to have children because they do not want to be the primary caregivers of children, not because they did not want a maternal relationship with their child.*

The Struggles of Voluntary and Involuntary Childlessness

<table>
<thead>
<tr>
<th>Voluntary Childlessness</th>
<th>Involuntary childlessness</th>
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<td>- Couples who voluntarily chose to be childless are often stereotyped and seen as selfish because having children is considered the norm</td>
<td>In 1999, German sociologist Corinna Onnen-Isemann found that the burden of undergoing reproductive treatments can be divided into 3 categories:</td>
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<td>-Women are often the most vulnerable to negative feedback for their decision to remain childless because in a family structure, the woman's role is typically the “mother” in most cultures. Men are not as affected because they’re often defined by their financial position</td>
<td>1) physical effects of medical treatment</td>
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<td>-Women have to deal with cultural standards which label them as abnormal for choosing childlessness, are seen as “less of a woman”</td>
<td>2) the objective burdens of treatment, such as altering schedules to make time for treatment and giving up life ambitions</td>
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<td>- Couples face discrimination from their cultures and families</td>
<td>3) psychological stress that infertile couples are subjected to</td>
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<td>- Couples receive unwanted sympathy from others who assume their childlessness is not by choice</td>
<td>- experience of infertility is similar to that of grieving a death</td>
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<td>guilt – couples feel they are physically to blame for infertility and feel that they have let their partners and families down</td>
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<td>depression – infertility signifies the loss of a</td>
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- Men are also impacted by voluntary childlessness. **Ex:** most doctors refuse to perform a vasectomy on men who are not married, or do not have children

  parental relationship a couple could have experienced with their child

  loss of control – when couples are faced with infertility, something they can do nothing about, they feel they have lost control of their lives

  anger and isolation – couples are angry and envious towards those who do not understand their situation. Isolation and withdrawal from loved ones is a direct result of anger

### Ways of Overcoming Infertility

- domestic adoption (most people do not prefer this because children are seen as baggage and too old), few infants are available for adoption because of high desire for them

- reproductive technologies such as in-vitro fertilization (IVF), Intrauterine Insemination (IUI), Artificial Insemination by donor (AID), surrogate mothers

- *Assisted Reproductive Technologies (ART) are initially intended to offer a solution to infertility, but unfortunately have its drawbacks:

  - adds to psychological stress because procedures typically take a long time and have low success rates

  - procedures are very expensive and are not covered by most health insurance plans

  - reproductive technologies are often controversial and conflict with ethical values
**Trends Related to Fertility & Fecundity**

**Introduction:**

- Fertility issues are important on a personal level, however they also implicate local communities and the larger society, because birth rates greatly affect communities.
- Young adults must make crucial decisions regarding birth control and family planning.
- Some people are infertile and must resort to adoption, or other reproductive technologies.

**World Population Trends:**

- In the past 150 years it seemed as if overpopulation would become a crisis, yet population rates are falling both in the developed and developing world.
- Falling birth rates mean there are fewer people to pay the increasing pension and health care needs of the aging population.
- 95% population growth happens in the developing world.
- The introduction of contraception and higher roles in the economy for women mean that women are having fewer children.
- Fertility Rate is dropping significantly, birth rates declined by one third since the mid 1960's.

**Fertility** - Actual reproduction, a woman who is bearing children is fertile.

**Fecundity** - The ability to reproduce, for example a woman's ability to bear live offspring.

**Fertility Rate** - The actual number of children had by women, which is affected by physical, environmental, social and cultural factors.

**Barrenness** - Inability to have children.

**Replacement Level** - Number of births required to maintain a stable population.

**Physical and Environmental Factors & Fertility:**

**Infertile** - What a couple is considered after unsuccessfully trying to conceive for over a year.

- In Canada 1 in 5 couples is infertile.
- Sexually transmitted diseases may be an influential factor, such as Chlamydia, which may cause the fallopian tubes to become blocked.
- A drop in sperm count, could be linked to high levels of estrogen in water supplies, due to the amounts of women's oral contraceptives making their way into the water system.
• New trends for women to delay motherhood until they establish their careers, more than 1/3 of all babies born in Canada are to mothers who are 30 years of age or older
• Delayed motherhood causes lower fertility rates because fertility declines with age
• Hutterites have highest fertility rates because they are self contained communities with strict social and religious control
• Cultural norms are affected by age of first menstruation, age at marriage, frequency of intercourse, length of breastfeeding, effectiveness of contraception, and the onset of permanent sterility

Links Between Breastfeeding & Fecundity:
• Infants benefit greatly from breast milk
• Breastfeeding has a contraceptive effect on women, and it causes the release of prolactin, a hormone that regulates the release of progesterone and inhibits ovulation
• Weaning- The removal of breast milk from a young child's diet
• In many developing world cultures where weaning does not occur until two and a half to four years of age, births are often spaced four or five years apart unlike countries like the USA where births happen in quick succession
• Breastfeeding is crucial to proper development

Age of Menarche & Marriage:

Menarche- The age at which a woman experiences her first menstrual period, this is influenced by culture and is not simply biological

• In pre-industrial societies women consume less protein , which results in menarche occurring at the age of sixteen to eighteen
• Women in developed countries get their period early and their menopause delayed
• The earlier a woman marries, the more fertile years she will have, for example a woman marrying at 18 will have more fertile years than one marrying at 32
• If the average marriage rate decreases, so does the fertility rate

Government Intervention in Fertility:
• Government can instil policies increase/decrease populations
• For example: Russia may ban abortions and impose childlessness tax, and China has a one child per couple policy
• Government may fund family planning to reduce teen pregnancies