

Childless or childfree

A journey of self-realisation

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IT IS A WIDELY ACCEPTED but seldom realised health norm that sexual and reproductive health includes the prevention, diagnosis and treatment of unwanted infertility. Recent statistics demonstrate that the proportion of Australians living in couple families with children will continue to fall over time. Between 1996 and 2016, the proportion of Australians living in couple families with children declined from 54% to 49%, and this is further projected to decline to 48% by 2041.¹ Many of these couples are childless by choice, some by circumstance. As Rifkin notes, to link meaningfulness in life only with child production seems an affront to human dignity, individual differences and personal choice.²

The societal pressures that raise the imperative for biological reproduction today are deeply ingrained and complex. Being a parent is seen as the greatest love, a love unlike that experienced in other relationships and a rite of passage in life. Women face greater pressures than men to reproduce by virtue of their biological ability to bear children and nurturing instincts, which are colloquially synonymous with being female. Motherhood has long been regarded as the pinnacle of martyrdom, the ultimate self-sacrifice and what a woman needs to feel complete, 'to fulfill her natural and divinely ordained role in society'.³ There is an ongoing misconception in society that people who do not have children

are self-centred, lack empathy and live a lifestyle of exuberance.⁴ Infertility is therefore a phenomenon associated with utmost shame and a failure of humankind, intensified by the medicalisation of pregnancy and the emergence of childbearing as a commodity.

General practitioners (GPs) have continued to provide comprehensive care to many patients who are involuntarily childless – some because of medical reasons and others because of life circumstance such as loneliness or depression. GPs support patients through their journeys of distress, battery of medical procedures (including assisted reproductive technology) and sometimes, regretfully, their journeys of acceptance of a lost cause. GPs also manage an increasing number of childfree couples who are childless by choice, who live fulfilled and content lives without regret and who genuinely value connections with family and friends and have strong community networks.⁵

GPs are therefore well placed at the forefront to normalise differences in society with regards to attitudes associated with childbearing. Infertility has long been regarded as the ultimate curse; however, it is imperative to remove the deep-seated stigma associated with the inability to bear a child and attribute deeper meaning to the sanctity of life, which includes leaving behind a positive legacy based on good deeds and constructive contributions to community, as opposed to simply genetic propagation. The provision of whole-person care underpins the foundation of general

practice. This includes supporting our patients through their feelings of inadequacy and loss associated with infertility but also redefining self-worth to our patients.

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