

# A Study of the Reasons of the Social Exclusion of Infertile Couples in Poland

**Anna Baruch**

Nicolaus Copernicus University in Toruń, Collegium Medicum in Bydgoszcz  
Municipal Social Welfare Centre in Bydgoszcz  
[anna.baruch@cm.umk.pl](mailto:anna.baruch@cm.umk.pl)

Received 2024-02-04; accepted 2024-12-14; published Online First 2024-12-27.

## Abstract

This article addresses the underresearched issue of exclusion of a social group consisting of people experiencing involuntary childlessness, which has not been thoroughly studied from this perspective yet. Apart from the available literature on this subject, there were also used conclusions from research that represent only a small part of the author's unpublished doctoral dissertation *Nieplodność w narracjach małżeństw jako indywidualne i wspólne strategie uczenia się egzystencjalnego* [Infertility in the accounts of married couples as individual and joint strategies of existential learning]. The author argues that the marginalization of childless people is a consequence of receiving no external support from state organs and institutions (mostly from the educational and medical sector) that would make it possible to prevent infertility or, if it is diagnosed, to make available all possible ways to overcome it.

**Keywords:** exclusion, marginalisation, infertility, infertile couples, IVF (in vitro fertilization), NaProTechnology

## 1. Introduction

The process of social exclusion can be defined as a series of events that begin with an incident which leads to the gradual deterioration of the living conditions or the quality of life of an individual or a group. At first, this process has little impact on the daily life of a person who is excluded, yet over time it intensifies and starts to affect more and more areas of their existence (Bal, 2012, p. 253). One of such events for people who want to become parents is a diagnosis of infertility, received both by women and men. The World Health Organization (WHO) estimates that as many as 15–20% of couples of repro-

ductive age around the world are affected by infertility (Cui, 2010, pp. 877–953). That means that one out of six couples experience the problem of inability to conceive a child. This problem concerns about 1.5 million couples of reproductive age in Poland (Drażowski et al., 2015, pp. 257–258). According to WHO, infertility is a disease as it violates the physical, mental and social well-being of humans (Radkowska-Walkowiak, 2013, p. 50). From the medical perspective, it is either partial or complete inability to produce high quality gametes or to fertilize them (Kula & Słowikowska-Hilczer, 2008, pp. 118–119). In the literature on this subject, infertility is called “a reproductive trauma” (Bhat & Byatt, 2016, p. 31).

The discrediting language used by part of the public has a strong impact on the activation and development of the process in which people who struggle with infertility become excluded. Discussions on what infertile people should and should not do that are held in the media take the form of ideological disputes.

The exclusion of infertile people is also, if not primarily, escalated by the passive attitude of the state authorities, who limit access to free of charge solutions that might improve their situation and help them overcome marginalization (Grotowska-Leder, 2005, pp. 28–32). It refers especially to the medical, psychological and educational services sectors. The overview of the exclusion process perceived in the above mentioned way is provided later in this article.

## 2. Research method and the aim of research

The whole research project is based on the unpublished doctoral dissertation *Niepłodność w narracjach małżeństw jako indywidualne i wspólne strategie uczenia się egzystencjalnego* [Infertility in the accounts of married couples as individual and joint strategies of existential learning] (Baruch, 2023) completed at Faculty of Philosophy and Social Sciences at Nicolaus Copernicus University (NCU) in Toruń.<sup>1</sup> Although the research referred to the learning processes, the collected data contained information on the social exclusion of infertile couples, which is the subject of this article.

The aim of this research is to recognize and identify the reasons for the sense of social exclusion among infertile individuals and couples in Poland. The research was conducted between 2016 and 2020 in the scheme of qualitative research, using a case study method and an in-depth interview technique. 14 infertile married couples participated in the research; 28 in-depth interviews were conducted. The couples represent the group of people who have used

---

<sup>1</sup> The dissertation is available upon request in the NCU Library.

three methods of overcoming unintentional childlessness most available in Poland: a cause-and-effect treatment better known as NaProTechnology (NPT), Assisted Reproductive Techniques (ARTs) and the adoption process.<sup>2</sup>

### **3. External factors contributing to social exclusion of infertile couples in Poland**

This part of the article discusses characterises the external factors that have a direct impact on the exclusion of infertile people in Poland. These factors are associated with limiting or denying access to goods or services which might improve such individuals' situation. They are also a result of the public debates that prevail in the media on medical treatment methods, especially in-vitro fertilization (IVF), which is recognized by scientists.<sup>3</sup>

#### ***3.1. Symptoms of educational and health exclusion of infertile people***

There are no well-established and systematically conducted prevention activities regarding reproductive health undertaken by state bodies in Poland. Despite the fact that the issue of reproductive health was raised by WHO in 1994 during the International Conference on Population and Development in Cairo when 179 countries (among them Poland) signed a pledge to ensure access to prevention and appropriate treatment of infertility for their citizens, little progress has been made in this area over the next 30 years (Gipson et al., 2020, pp. 505–506). The 2018 report of the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights (Starrs et al., 2018, pp. 2642–2692) highlights that infertility is not treated as a priority by global public health decision makers. Health education in this area focuses on issues related to contraception, leaving aside the issue of supporting people's reproductive potential (Gipson et al., 2020, pp. 505–506).

The problem of involuntary childlessness is also ignored in Poland, as regards both prevention and treatment. The goal of improving reproductive health was not included in the National Health Programme for the years 2021–2025; therefore, neither prevention nor health education is provided in this area. Such actions can be regarded as educational exclusion since they deprive citizens of the generally accessible opportunity to gain knowledge of this topic. Representatives of Polish medical community were against removing the above objective.<sup>4</sup> Polish experts in reproductive health, fertility care and infertility treatment asked the Minister of Health to reinstate this objective. They under-

---

<sup>2</sup> Names of quoted respondents were changed to prevent their identification.

<sup>3</sup> In 2010 Robert Geoffrey Edwards, a British physiologist, was awarded the Nobel Prize in Physiology or Medicine for the development of IVF, which revolutionized the infertility treatment.

<sup>4</sup> I.a. members of the Polish Society of Reproductive Medicine and Embryology and the Polish Society of Gynecologists and Obstetricians.

lined the need to provide health education and conduct information and prevention campaigns regarding endogenous and exogenous factors which influence male and female reproductive health, fertility preservation, pregnancy and postpartum care, diagnosis and treatment of infertility. All efforts should be taken to make the above activities accessible to citizens, in accordance with the latest scientific knowledge and medical standards, which will guarantee the quality, efficacy and safety of the undertaken health procedures (Polskie Towarzystwo Medycyny Rozrodu i Embriologii, 2021). Thus, firstly, it is advisable to carry out actions that enhance reproductive health and prevent failures to achieve pregnancy. Secondly, couples that need medical help ought to have equal and free of charge access to the whole treatment package and psychological or counselling care.

Having analysed institutional conditions, it is possible to identify two main problems that infertile people have faced and that are signs of their exclusion. The first one is the lack of access to free of charge infertility treatment, regardless of the method chosen. The second one is the still insufficient medical infrastructure despite the fact that new clinics are created.

The availability of infertility treatment in Poland is limited, and it is mostly provided by the private healthcare sector. Therefore, the main obstacle mentioned by respondents is the cost of services connected with treatment. Expensive medical procedures lead to the health exclusion of some couples, that is, unequal access to medical services. WHO emphasises that it is necessary to integrate the efforts of many countries to overcome these inequalities (Gipson et al., 2020, pp. 505–506). As a member of the European Union, Poland has also committed itself to adopting the *acquis communautaire* in this area and adapting Polish legal regulations concerning medically assisted procreation to the EU law. Currently, ARTs and NaProTechnology procedures are not funded by the government in Poland despite the fact that citizens are covered by health insurance.<sup>5</sup> Respondents frequently referred to the high cost of treatment provided by the private healthcare sector:

---

<sup>5</sup> The IVF method treatment was not reimbursed from the public funds in Poland for the last eight years. At present, on the basis of the Act of 29 November 2023 on the change of the Act on healthcare services financed from public funds that came into effect on 2 January 2024, the Minister of Health was obliged to develop and start implementing the first infertility treatment program using the above mentioned method. The program started on 1 June 2024. Before that, it was possible to be treated with this method for free under the health program funded by the Polish Ministry of Health “Infertility Treatment with the IVF method” only between July 2013 to June 2016. The couples who participated in this research did not have such an opportunity as after June 2016 the program was suspended by the government. One of the first actions taken by the new government in December 2023 was to restore reimbursement of this treatment in Poland. The Act of 29 November 2023 on the change of the Act on healthcare services financed from public funds. (2023). *Journal of Laws*, item 2730. <https://dziennikustaw.gov.-pl/DU/2023/2730>.

Each of the clinics at which we were treated was a private clinic. (Agata)<sup>6</sup>

At the time when my husband and I were treated it was possible to seek only private healthcare. (Beata)

It was fully private treatment [...]. We paid for everything ourselves: laboratory tests, medical consultations. (Żaneta)

Even if we had wanted to get treatment from the National Health Fund, it would not have been possible because it is difficult to make an appointment with a gynaecologist overnight even in case of an infection. You need to wait in a queue in the morning and either you make it or not; otherwise, you can get the appointment in two weeks' time. If you are infertile, you need to make appointments very often. Moreover, not every gynaecologist specialises in infertility treatment and it may turn out that such visits are a waste of time. (Brygida)

I cannot recall that we have ever used the services of the National Health Fund [...], we had private appointments with gynaecologists, endocrinologists and finally, we found this NaProTechnology clinic, which is also a private clinic. (Przemysław)

From the very beginning it was private treatment [...]. Yes, we underwent treatment in private healthcare clinics [...], we worked a lot, so we had money and it was spent on treatment [...], not every person can afford it. (Grażyna)

NaProTechnology is often referred to as infertility treatment for the poor, but it is not, as only private treatment is possible. (Tomasz)

NaProTechnology was provided by the private healthcare sector and we paid a lot of money for it. We both worked and our main aim was to have children so we did not care how much it cost. One appointment cost 500 PLN because the price included various tests [...]. We paid for all these things and it was very expensive, including the cost of trips to Białystok. (Mariola)

High costs were associated with appointments with gynaecologists and endocrinologists (access to free appointments was limited mostly due to very distant dates) and specialist treatment in fertility or NaProTechnology clinics where the provided medical services were not financed from public funds.

Respondents pointed out that receiving treatment in the private healthcare services sector represented a high financial burden to their household budgets:

It must have been a financial burden. We have never counted how much it actually cost, but I think that it was a lot of money. (Żaneta)

The finances allocated for treatment were a kind of burden for sure, as each treatment that we take into consideration is expensive, so this is something that one must bear in mind [...], one must cover these costs and they are great

---

<sup>6</sup> All translations in the article are by the author unless otherwise indicated.

even if we consider NaProTechnology, hmm, actually each of these methods is expensive. (Tadeusz)

We underwent mostly private treatment. NaProTechnology is not financed from public funds [...]. It was a financial burden, but thank God it turned out that we found money for everything, I do not know how. We did not have a busy social life, we did not travel much, we lived a modest life and we could afford it [...], we carried on, it does not mean that we were starving, but we lived from end to end, from month to month. We always managed to collect money for this treatment. (Wojciech)

We knew that these appointments and trips would involve certain financial sacrifices for us, for example, we would not go to the cinema, I would not buy new trousers or we would not go on exclusive holidays but somewhere closer to our house and for less time than before, but it was never a reason to consider resigning from the treatment. Of course, when we had to pay over 3000 PLN for an operation we had some doubts but we knew that we had to do this and it was beyond dispute. (Krystyna)

The more money was spent on treatment, the higher was the level of frustration among respondents. Difficult situations that arose during the treatment, such as loss of job and therefore, loss of income, also created considerable stress:

My employment contract expired, I stopped working and applied for unemployment allowance. This treatment was a huge financial burden [...], we had to pay for treatment, tests, but this child was our priority. We decided that it is the best moment as we reached a certain age. Everything was expensive: diet, supplements, medicines. Although we had some savings, I was frustrated that I do not earn income, one salary is only one salary. Sometimes I was not sure how we would cope with it, but finally we could afford it. (Alicja)

Later my wife had a crisis because we had to pay for everything and she complained that we paid again and again, but I told her that if we started, we had to go through this process. The NaProTechnology instructor informed us that learning the Creighton Model System would cost ca. 900–1000 PLN. At the beginning such sessions took place once every two weeks and it was an additional expense of 200 PLN per month. (Michał)

The most expensive ART is in-vitro fertilization (IVF). Poland is the only country in the European Union where the cost of IVF is not reimbursed, whereas medical community indicates that this is the most effective ART. Prices vary between clinics, but usually range from a few to several thousand PLN. The majority of couples are not able to cover all the costs linked with this form of treatment. Consequently, they might be excluded due to their low financial capability, which creates the problem of inequality in access to the above medical services for less well-off citizens. Those who cannot afford this procedure, which is often the last chance to have biological offspring, might feel rejected by their own country (Debita, 2018, p. 21).

A fundamental change in the Polish government policy regarding IVF occurred in 2015. The new government decided to suspend and discontinue the health program funded by the Polish Ministry of Health “Infertility Treatment by the IVF method.” The only time when it was possible to be treated with this method for free in Poland was from July 2013 to June 2016.<sup>7</sup> This program aimed at ensuring equal access and opportunity for infertile couples to use IVF. Despite the fact that 19 600 couples took part in it and 22 200 children were born, this program was suspended. Instead, the Comprehensive Reproductive Health Protection Program came into force in Poland for the years 2016–2020 and its implementation was extended for the years 2021–2023.<sup>8</sup> The objective of this program is to increase citizens’ access to high quality services associated with infertility diagnosis and treatment. However, it does not include IVF. Moreover, there are no references to NaProTechnology as an alternative method, which is not financed from public funds in Poland as well (Debita, 2017, p. 103).

Being a citizen of a country requires that one complies with the applicable laws, also those associated with reproductive health. A heated debate on ethical issues, including reproductive health, especially abortion and IVF, has been taking place in Poland since 2015. These issues became a matter of ideological disputes. In the end, the government limited its role in funding medically assisted reproduction as regards IVF and tightened abortion laws.<sup>9</sup> These decisions were perceived by many communities as undermining civil liberties and equality of all people who have the same guaranteed constitutional right to family planning (Debita, 2018, p. 14–16).

Another problem that has an impact on availability of goods and services is insufficient medical, psychological and counselling care infrastructure which could be used by infertile couples. Even though new infertility treatment clinics are created in Poland, there is still no adequate infrastructure and the availability of treatment centres that would be located in close proximity to the place of residence of infertile people is rather limited. Despite the fact that infertility treatment clinics which offer ARTs can be found in nearly every city in Poland, there are significantly fewer acclaimed and recommended health centres that offer the NaProTechnology method. Due to this, couples have to devote many hours or even their annual leaves to frequent appointments associated with infertility treatment:

---

<sup>7</sup> The citizen’s legislative initiative “Yes for IVF” is being considered in the Polish parliament now.

<sup>8</sup> See: Ministerstwo Zdrowia, 2022.

<sup>9</sup> The Constitutional Tribunal’s Judgement of 22 October 2020 on the unconstitutionality of provision that allows abortion in cases of high probability of a severe and irreversible foetal defect or an incurable illness that threatens the foetus’ life was published on 27 January 2021 in the Journal of Laws and came into effect on this day.

It was necessary to set enough time aside, take a holiday on these days when we had to go for tests or undergo some medical procedures. (Marcin)

It was difficult to set considerable time aside because the whole process is really time-consuming, as regards both trips and treatment. Due to this part of annual leave had to be devoted to trips to doctor's appointments. (Tadeusz)

Yes, it meant nearly seven hours' drive one way. It was really tiring as it was a distant destination and it was always necessary to take two days off work because we had to stay somewhere overnight. (Przemysław)

The clinic was located quite far from our house, so these trips were a considerable sacrifice. There were many patients so it was not easy to find a convenient date, and the date of appointment had to match a specific day of my menstrual cycle. It was necessary to take a few days off work, discuss it with our superiors and explain to them why we do it and why on these days. We had to organize it, wake up early, at night and drive there. (Krystyna)

Furthermore, infertile couples rarely use psychological or pedagogical help, therapy or coaching due to their unavailability and high cost of professional and long-term support offered by the private healthcare services sector. There are no counselling points for people struggling with reproductive health problems.

### ***3.2. Debates excluding particular groups of infertile people in the media***

This part of the article discusses the debates in the media in which representatives of the government, religious communities and the wider public participate. On the one hand, such discussions discredit people who decide on IVF as well as children conceived in this way, but on the other hand they also deride people who undergo the NaProTechnology treatment.

As a result of ideological disputes, the Polish public debate primarily concentrates on IVF, ignoring infertile people and the psychological, health and social problems that they must face on a daily basis. In this public debate, one can hardly notice any efficient communication that would lead to a social consensus. Instead, two sides of the conflict can be identified: communities which are for and those which are against; none of them accepting substantive arguments of the opponent (Baruch, 2015, p. 28). As a consequence, the ideological disputes and the conflict might only escalate, to the detriment of both infertile couples, for whom IVF is the only chance to have children, and people who were conceived through this method. The whole atmosphere, ideological disputes, stigmatisation of people who undergo this procedure as well as children who were conceived through this method can be referred to as "IVF moral panics." The theory of moral panics was described by a British sociologist Stanley Cohen (1972, p. 29). According to Cohen, communities get into moral panics from time to time. In this situation, a condition, episode, person or group of persons are perceived as a threat to societal values and interests. The nature of this threat



is presented in an exaggerated and stereotypical way by the media, whereas journalists, the clergy, social activists or politicians erect moral barricades. Renowned experts diagnose the situation and propose other courses of action. The media are generally used in order to amplify moral panics, therefore having a great impact on the public.

Respondents stated that ideological disputes of “morality experts” in the media that focused primarily on IVF only intensified their suffering caused by the inability to conceive naturally. Language that is used in the media debate in Poland abounds in utterances with negative if not brutish overtones. One of the most pejorative statements was made by bishop Tadeusz Pieronek who asked: “Isn’t the literary portrayal of Frankenstein, created against nature, the precursor of IVF?” (Radkowska-Walkowiak, 2013, p. 193). Such a radical language of the opponents of this method and denunciation of infertile people hurts, offends and stigmatises them:

It is difficult to listen to all these opinions. Much can be done and said but still these people are stigmatised. This is exactly how I feel [...], the main problem is what is said, what arguments, deprecating and mean words are used [pause] and it really hurts us [...], I cannot believe that the spirit of infertile people who are determined to have children and want to undergo this procedure will be broken and such words will have influence on their decision. Nevertheless, such opinions cause mental harm. The couples are in a difficult situation because of their infertility and these people make our lives even more difficult and painful. (Marcin)

I felt absolutely humiliated and insulted [...], it was when bishop Pieronek said these silly things about implementers of Frankenstein’s idea. There were a few moments that crushed me, also Pieronek’s words, they caused that, I remember it like it was yesterday, it was in winter, when I came back home and fell down on the doormat and started crying bitterly. My husband did not know what happened but these were Pieronek’s words, I had heard them before but at that particular moment I was struck by them. I told my husband that I could not endure this humiliation anymore. I thought it was horrible what we were experiencing and why we were being admonished by people who had no idea about this. (Beata)

We react to media reports with anger. The anger at the fact that they judge what we do without having any experience or even the right to do so. We are angry and disappointed, we are sad to hear such things, but I do feel sorry for other couples because we could take part in the partially funded IVF program and now they probably cannot do this. I am sorry to live in a country where there is no understanding for us. We, the infertile, are damned by the government’s decision. (Patrycja)

Moreover, there are numerous scientifically unsubstantiated opinions that children conceived through IVF are different from those conceived in a natural way. One of the most controversial statements on the subject is that of Rev.

Franciszek Longchamps de Bériar, a member of the Polish episcopate's council for bioethics: "There are doctors who can recognize an IVF child just by looking at their face. Such a child has a tactile crease which is a sign of genetic defect [...]" (Pawlicka, 2013). After the publication of the interview with Rev. Longchamps de Bériar in 2013, the Association for Infertility Treatment and Adoption Support "Our Stork" sent an open letter to the Polish Society of Genetics asking for the opinion if children conceived through IVF are different from those conceived in a natural way (Krawczak, 2016, p. 108–109). The society's response was as follows:

The scientific data clearly show that there are no differences in physical build between children depending on how they were conceived. It must be also emphasised that even the most renowned dysmorphologist cannot conclude that a child was conceived through an ART in the course of clinical examination. [...] We are concerned that academics recognised in their field, with no substantive competence in other fields, are misleading the public and create unnecessary stress for families whose children were conceived through ART, as was the case with Rev. Longchamps de Bériar, since there are thousands of such families in Poland and millions around the world.<sup>10</sup>

Nevertheless, one can still hear in the media new, stigmatising utterances concerning both couples trying to conceive and the children themselves.

Pioneering research carried out by Magdalena Radkowska-Walkowiak and Ewa Maciejewska-Mroczek (2017, p. 158–165) in which children, teenagers and adults conceived through IVF or insemination participated reveals that media debates and labels applied to children born thanks to IVF are not without influence on them and the formation of their identity. The researchers refer to "individuals marked by IVF" and "an IVF identity." The research shows that even eleven- and twelve-year-olds are aware of the fact the method through which they were conceived is the subject of controversy. Children recognize the strongest negative terms (the most often quoted were the ones mentioned earlier, about doctor Frankenstein or a tactile crease). Ideological and political debate becomes a source of certain simplified cognitive patterns in society in which IVF is associated with murder, Holocaust and death; they are also frequently linked with abortion. People who were conceived through this method can learn that they live at the expense of killed brothers and sisters (embryos), which leads to the "post-IVF survivor syndrome." Consequently, people who were conceived through ART are stigmatised and discriminated. This fits with the theory of stigma, which makes certain individuals or a group of individuals alien and inferior. Magdalena Radkowska-Walkowiak states that the "process of monsterising IVF children" is taking place in Poland since they are presented as ill, weak and blameworthy (Radkowska-Walkowiak & Macie-

---

<sup>10</sup> Response of the Polish Society of Human Genetics to an open letter of 28 February 2013 sent by the Association for Infertility Treatment and Adoption Support "Our Stork."

jevska-Mroczek, 2017, p. 189). Children born thanks to IVF, like all their peers, are also “digital natives”; thus, all media debates on this topic reach them. This is all the more important as not every child can cope with stigmatisation, which might result in emotional problems and social withdrawal in the future (Radkowska-Walkowiak, 2018, p. 166–167).

On the other hand, there are supporters of ART who are sceptical about NaProTechnology.<sup>11</sup> Infertile Christians who have tried this method in order to conceive heard comments that discredit this method of treatment:

I could learn that NaProTechnology actually does not consist in using the calendar method and praying for a miracle every evening [...], if someone tells people that NaProTechnology is the calendar method, it really is not right, I do not know why they say such things. Probably they want to discredit this method, this treatment. (Żaneta)

I could hear quite often ridiculous comments that NaProTechnology is the same as the calendar method and it is a pseudo-treatment for Holy Joes or those who listen to Radio Maryja. These were really unpleasant comments, made by people who in fact did not know that we have such a problem. (Michał)

Every time when I informed my colleagues at work that I was going to a NaProTechnology centre, they told me that we should give it up and make an appointment with an infertility treatment specialist because NaProTechnology is a waste of time. Now I know they were not right because thanks to this method we are parents. (Alicja)

NaProTechnology is fully accepted and promoted by the Catholic Church for world view reasons, but it is not recognised as a proven method of infertility treatment by the medical community in Poland.

A professor in an infertility treatment clinic only smiled derisively when I told him about NaProTechnology, as we cannot accept APT for world view reasons [...]. During our last visit the doctor told us that NaPro is not a treatment method and it does not have any effect. (Krystyna)

NaProTechnology is recommended neither by the Polish Society of Reproductive Medicine and Embryology nor the Polish Society of Gynaecologists and Obstetricians as a standard infertility treatment method (Łukaszuk et al., 2018, p. 31).

---

<sup>11</sup> NaProTechnology – Natural Procreative Technology is a trademark registered by The Saint Paul VI Institute for the Study of Human Reproduction in Omaha, Nebraska, USA. According to the institute, NaProTechnology is a woman’s health science which helps to monitor one’s fertility. It consists in recognising a woman’s cycle. Consequently, married couples can try to conceive and consciously postpone the conception (Hilgers, 2012, p. 41).

#### 4. Conclusions

It is recommended that actions are taken in at least two areas in order to level the social, educational and medical exclusion of infertile people. The first one is the elimination of educational exclusion by spreading knowledge of infertility at different levels of education, taking preventive actions and sensitizing the public to the topics connected with reproductive failures. The other one is the creation of public infertility treatment centres and opportunity to use all available methods, in accordance with the decision of the people who are concerned, as well as providing support networks for those facing unintentional childlessness, especially enabling them to get free psychological and counselling help.

Thus, it is necessary to conduct and organize various campaigns in Poland which aim at raising public awareness continuously in this area. The society does not have basic information on that topic. When a person or a couple from nearer or more distant social environment face this problem, people often withdraw from the conversation because they do not know how to behave, what to say or how to support such individuals. This is precisely due to the lack of knowledge on that subject matter. Accordingly, it is absolutely necessary to educate the Polish society on the topic of reproductive failures, so that people could talk about it in a casual and uninhibited manner, and therefore support such couples. Moreover, if individuals facing this disease gained basic knowledge about it, they would not blame or stigmatize themselves and most probably they would be under a lower level of stress associated with the initial stage of confusion.

It is also noted that the problem of unintended childlessness and the methods chosen to overcome it, especially regarding treatment methods, provokes great controversy over worldview. Therefore, it is necessary to form attitudes full of tolerance and respect for all infertile people in our society, regardless of the treatment method that they have chosen. In Poland this problem especially refers to the disputes between supporters and opponents of ARTs (in particular IVF) and NaProTechnology.

It seems reasonable to build a support network for people struggling with infertility through the creation of associations, self-help groups as well as a pedagogical and psychological counselling system, therapy or coaching. Infertile couples hardly ever benefit from this kind of assistance due to lack of its availability and high cost of professional and long-term support. There are also no counselling points for people with reproductive health problems.

Taking the above measures seems a necessity today. This is because of the fact that the magnitude of the infertility problem is significant and the current demographic situation in Poland remains highly unfavourable. If the treatment were funded as regards both ARTs and NaProTechnology, the birth rate would increase and each couple could choose the method in accordance with their

personal beliefs. It is a documented fact that the population of children born thanks to IVF exceeds 8 million around the world. As regards Europe, the majority of treatment cycles and children conceived through this method are recorded in Spain, Russia, Germany and France.<sup>12</sup> The data concerning Poland are only estimated and imprecise as they are not collected systematically. There are also no reliable data on how many children around the world and in Poland are born through NaProTechnology treatment. Nevertheless, it can be assumed that reimbursement of both treatment methods might result in the birth rate increase.

## References

- Bal, I. (2012). Marginalizacja i wykluczenie społeczne jako bariera rozwoju regionalnego. In G. Ślusarz (Eds.), *Nierówności społeczne a wzrost gospodarczy. Determinanty rozwoju regionalnego w kontekście procesów globalizacji. Zeszyt nr 28* (pp. 252–262). Wydawnictwo Uniwersytetu Rzeszowskiego.
- Baruch, A. (2015). Komunikacja między wybranymi podmiotami w procesie leczenia i zapobiegania niepłodności. Kontekst społeczno-edukacyjny problemu. *Wychowanie na Co Dzień*, (6), 25–30.
- Baruch, A. (2023). *Niepłodność w narracjach małżeństw jako indywidualne i wspólne strategie uczenia się egzystencjalnego*. [Unpublished doctoral dissertation, Nicolaus Copernicus University in Toruń].
- Bhat, A. & Byatt, N. (2016). Infertility and Perinatal Loss: When the Bough Breaks. *Current Psychiatry Reports*, 18(3). <https://doi.org/10.1007/s11920-016-0663-8>
- Cohen, S. (1972). *Folk Devils and Moral Panics: The Creation of the Mods and Rocker*. Martin Robertson.
- Cui, W. (2010). Mother or Nothing: The Agony of Infertility. *Bulletin of the World Health Organization*, (12), 881–882.
- Debita, M. (2017). Program Kompleksowej Ochrony Zdrowia Prokreacyjnego w Polsce – cele, planowane działania, prognozy kosztów. In J. Blicharz & L. Zacharko (Eds.), *Trzeci sektor i ekonomia społeczna. Uwarunkowania prawne. Kierunki działań* (pp. 93–103). Wydawnictwo Uniwersytetu Wrocławskiego.
- Debita, M. (2018). Psychospołeczne uwarunkowania i skutki nierównego dostępu obywateli do medycznie wspomaganego prokreacji w Polsce w świetle przepisów unijnych. *Zeszyty Naukowe Towarzystwa Doktorantów Uniwersytetu Jagiellońskiego. Nauki Społeczne*, 20(1), 9–23.

---

<sup>12</sup>Data presented by David Adamson on behalf of the International Committee for Monitoring ART (ICMART) (European Society of Human Reproduction and Embryology, 2018).

- Dragowski, P., Siemionow, K., Zaręba, I., Prokop, I., Rysiak, E., Cekała, E. & Rutkowski, M. (2015). Społeczno-ekonomiczne skutki leczenia niepłodności. *Polski Przegląd Nauk o Zdrowiu*, (4), 255–258.
- European Society of Human Reproduction and Embryology. (2018, July 3). *More Than 8 Million Babies Born from IVF since the World's First in 1978*. <https://www.eshre.eu/Annual-Meeting/Barcelona-2018/ESHRE-2018-Press-releases/De-Geyter>
- Gipson, J., Bornstein, M. & Hindin, M. (2020). Infertility: A Continually Neglected Component of Sexual and Reproductive Health and Rights. *Bulletin of the World Health Organization*, 98(7), 505–506.
- Grotowska-Leder, J. (2005). Ekskluzja społeczna – aspekty teoretyczne i metodologiczne. In J. Grotowska-Leder & K. Faliszek (Eds.), *Ekskluzja i inkluzja społeczna. Diagnoza, uwarunkowania, kierunki działań* (pp. 25–44). Wydawnictwo Edukacyjne Akapit.
- Hilgers, Th. (2012) *Creighton Model Fertility Care System. Autentyczny język zdrowia i płodności kobiety: podręcznik wprowadzający nowego użytkownika*. Fundacja Instytut Rozwoju Położnictwa i Ginekologii.
- Krawczak, A. (2016). *In vitro. Bez strachu, bez ideologii*. Wydawnictwo Muza SA.
- Kula, K. & Słowikowska-Hilczer, J. (Eds.) (2008). *Medycyna rozrodu z elementami seksuologii*. Wydawnictwo Uniwersytetu Medycznego w Łodzi.
- Łukaszuk, K., Koziół, K., Jakiel, G., Jakimiuk, A., Jędrzejczak, P., Kuczyński, W., Kurzawa, R., Pawelczyk, L., Radwan, M., Spaczyński, R., Wielgoś, M. & Wołczyński, S. (2018). Diagnostyka i leczenie niepłodności – rekomendacje Polskiego Towarzystwa Medycyny Rozrodu i Embriologii (PTMRiE) oraz Polskiego Towarzystwa Ginekologów i Położników (PTGP). *Ginekologia i Perinatologia Praktyczna*, 3(3), 112–140.
- Ministerstwo Zdrowia. (2022). *Rządowy program kompleksowej ochrony zdrowia prokreacyjnego w Polsce w 2021–2023 r.* <https://www.gov.pl/web/zdrowie/program-kompleksowej-ochrony-zdrowia-prokreacyjnego-w-polsce-w-2021-r>.
- Pawlicka, A. (2013). *Ks. Franciszek Longchamps de Bérier: człowiek z bruzdą*. <https://www.newsweek.pl/polska/ks-franciszek-longchamps-de-berier/f1ykh0v>
- Polskie Towarzystwo Medycyny Rozrodu i Embriologii. (2021, January 15). *Stanowisko Polskiego Towarzystwa Medycyny Rozrodu i Embriologii (PTMRiE) oraz Polskiego Towarzystwa Ginekologów i Położników (PTGiP) w sprawie projektu rozporządzenia Rady Ministrów dotyczącego Narodowego Programu Zdrowotnego na lata 2021–2025*. <http://ptmrie.org.pl/o-ptmrie/aktualnosci/narodowy-program-zdrowotny-na-lata-2021-2025>
- Radkowska-Walkowiak, M. (2013). *Doświadczenie in vitro. Niepłodność i nowe technologie reprodukcyjne w perspektywie antropologicznej*. Wydawnictwo Uniwersytetu Warszawskiego.

Radkowska-Walkowiak, M. (2017). „Jak zaczęła się twoja historia”. Nowe technologie reprodukcyjne i nowe formy stygmatyzacji. *LUD. Organ Polskiego Towarzystwa Ludoznawczego*. 101, 149–169. <https://doi.org/10.12775/lud101.2017.04>

Radkowska-Walkowiak, M. & Maciejewska-Mroczek, E. (2017). „O nas się mówi, ale z nami się nie rozmawia”. Dziecko w kulturze współczesnej i badaniach społeczno-kulturowych w kontekście polskiej debaty na temat technologii reprodukcyjnych. *Miscellanea Anthropologica et Sociologica*, 18(4), 188–190.

Starrs, A., Ezeh, A., Barker, G., Basu, A., Bertrand, J., Blum, R., Coll-Seck, A., Grover, A., Laski, L., Roa, M., Sathar, Z., Say, L., Serour, G., Singh, S., Stenberg, K., Temmerman, M., Biddlecom, A., Popinchalk, A., Summers, C. & Ashford, L. (2018). Accelerate Progress – Sexual and Reproductive Health and Rights for All: Report of the Guttmacher-Lancet Commission. *Lancet*, 391(10140), 2642–2692. [http://dx.doi.org/10.1016/S0140-6736\(18\)30293-9](http://dx.doi.org/10.1016/S0140-6736(18)30293-9)

**Anna Baruch** is a doctor of social sciences, employed in the Municipal Social Welfare Centre in Bydgoszcz, academically connected with Nicolaus Copernicus University in Toruń (Poland).