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‘I was with my wife the entire time.’ Polish men’s narratives of IVF treatment[☆]

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Ethnographer and anthropologist Maria Reimann’s main areas of interest include family and kinship, gender division of labour within the family, medical anthropology and childhood. In 2015 she completed her doctoral studies at the University of Amsterdam and is now working on finishing her PhD thesis on gender division of labour among egalitarian Polish couples. She co-funded the Interdisciplinary Institute for Childhood Research at the Department of Ethnology and Cultural Anthropology of the University of Warsaw where for the past two years she has been doing ethnographic research with families with the IVF experience.

Abstract This paper is an ethnography of Polish fathers whose children were conceived with the use of IVF. Due to the strong position of the Catholic Church in Poland, much hostility is voiced in public debate towards women undergoing this treatment and also towards the children born following treatment. The Church condemns the practice as sinful and suggests that these children might suffer from psychological and genetic diseases, thus that they pose a threat to social and moral order. Nevertheless, 76% of people in Poland agree with the statement that infertile married couples should be allowed access to IVF. This paper examines the male perspective on infertility and its treatment. Men are neglected in the debate on IVF, which focuses on the embryo and the female body. By their own account, men also consider their role to be a supporting one and admit that it is the woman who takes upon herself most of the responsibility for the treatment. Men, like their partners, go through difficult emotions, but unlike their partners, often do not find anybody outside the relationship to share them with. While feeling helpless during the treatment process, they expressed strong emotions when discussing the public debate during the interviews. Many of them used strong, sometimes vulgar language when talking about the public debate, as if they were regaining their agency, by symbolically protecting their families. Finally, my research points to the importance of ‘togetherness’ for my interlocutors.

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Introduction

IVF technology has been in use in Poland since the 1980s, but it was not regulated by the law until July 2015. Polish debate on IVF is extremely heated and the main actors in it are priests, right-wing politicians and journalists. Due to the strident voices of the Catholic Church and the political right, the discourse not only stigmatizes the practice of IVF as 'murdering embryos', but also stigmatizes the children who were born via this method. To give just one example of the political climate in which Polish citizens undergo infertility treatment, the recently elected right-wing president of Poland publicly spoke about IVF being an immoral practice and opted for a punishment of 2 years imprisonment for doctors who offer this treatment.

Nevertheless, 76% of Poles agrees with the statement that infertile married couples should be allowed access to in-vitro treatment (Centre for Public Opinion Research, 2015) and Polish infertility clinics have high success rates (Radkowska-Walkowicz, 2012). In July 2013 the government launched a three-year so-called 'government programme' financing a maximum of three IVF attempts for infertile heterosexual couples (whether married or not). During the three years the government estimates it should serve about 15,000 infertile couples. The launch of the programme was strongly opposed by the clergy and by the then right-wing opposition.

Polish public debate on IVF focuses on embryos and female bodies. Men and their role in the process are not subjects in the debate, as if they were not part of the process of decision- and family-making. Men are also rarely active in patient support networks or Internet forums for couples struggling with infertility. Regarding the processes that takes place in the female body during IVF treatment, the man's role is silent and seems auxiliary.

This article is an analysis of 12 in-depth interviews with men whose partners underwent IVF treatment. The article intends to shed light on the male experience and understanding of infertility, as well as its treatment. The wider aim is to tell the story of IVF in Poland from the perspective of the men involved.

The IVF debate in Poland

In 1989 the communist regime in Poland collapsed, which resulted in a sudden growth in the influence of the Catholic Church on policy-making and politics. The power of the Catholic Church was particularly visible in the new restrictions surrounding reproductive rights, and led to an almost complete ban on abortion in 1993 (Mishtal, 2010). In the abortion debate the pro-choice side 'lost the battle for language' (Graff, 2001, 121): the 'embryo' started being referred to as the 'unborn child', while 'pregnant women' became 'mothers'. This rhetoric was then transferred directly to the IVF debate that broke out in 2007 after the then Minister of Health, Ewa Kopacz, announced she would make efforts for public reimbursement of IVF treatment. As Chelstowska (2011) puts it, the IVF debate 'became the new abortion debate' (Chelstowska 2011, 104) with all its brutal accusations and imaginary. Polish bishops spoke and wrote about IVF as 'sophisticated abortion' and

'murdering embryos', while right-wing politicians were even able to 'hear' those embryos screaming (for a detailed analysis of Polish public debate on IVF see Korolczuk, 2013; Radkowska-Walkowicz, 2012, 2014). As Radkowska-Walkowicz notes, while the language and metaphors used by the IVF opponents may seem 'ridiculous, surreal, an element of political happening' (Radkowska-Walkowicz, 2014, p. 400) they are actually weapons in a serious fight for values such as gender roles, citizenship and the nation. They are also, as this article will later show, heard by those whom they concern, and in turn, force them to take a stand against this rhetoric.

Infertility and masculinity

Although about half of the cases of involuntary childlessness are due to 'male factor' infertility, the literature on men's experience of infertility and its treatment is extremely scarce compared with the literature on the female experience. In a study on this gap, Inhorn et al. (2009) compare over 150 volumes of ethnographies written on female reproductive health with just a few written on men and call men 'the second sex in reproduction' (Inhorn, 2006; Inhorn et al., 2009).

However scarce, the literature on the male experience of IVF gives a quite coherent picture of the masculine side of the process. While men, just like their partners, undergo difficult and painful emotions rising from infertility and involuntary childlessness, they accept their role in the treatment as supportive and auxiliary (Carmeli and Birenbaum-Carmeli, 1994; Collins et al., 1992; Hadley and Hanley, 2011; Malik and Coulson, 2008; Throsby and Gill, 2004; Webb and Daniluk, 1999). At the same time, men tend to suppress their own emotions and feelings of anxiety, depression and loss, because they believe they need to be strong in order to support their partners (Collins et al., 1992; Malik and Coulson, 2008). Moreover, the notion of male fertility is closely connected to the notions of sexual intercourse and masculinity. Male infertility is associated with impotence, and therefore carries the stigma and shame of failed manhood (Goldberg, 2008). But even when a couple's infertility is not caused by the so-called 'male factor', the inability to conceive still poses a threat to masculinity. As Throsby and Gill note, 'Whether or not the blame was placed on the man's wife or partner, the job of solving the problem was left with the man.' (Throsby and Gill, 2004; 336). To be a 'real man', the man should be able to make his partner pregnant and become a father (Imeson and McMurray, 1996; Throsby and Gill, 2004).

Materials and method

This study is part of a wider project studying the experience of Polish children conceived via IVF. The main focus of the research team was on interviewing children, whose voices are never heard in the public debate. The interviews with parents were intended to help the researchers understand the context in which the children were living, rather than being independent stories.

On a sunny day in August 2014 together with my colleagues from the childhood project, I attended a weekend campsite retreat for couples and families with experience of infertility, organized by activists collaborating with a supporting

non-governmental organization (NGO). We planned to interview the children, but they preferred to play together and were unwilling to speak to us. We did, however, encounter a group of fathers who sat together on a porch having a drink and we asked if we could talk to them instead, for example to discover their views on whether or not to reveal to a child that she/he was conceived with the use of reproductive technology. Very soon into the interviews, however, it became clear that the men we spoke to were not yet fathers (their partners were in the last phase of pregnancy), but that they were very willing to share their stories of infertility treatment with us. What struck me the most and made me see those men as the 'anthropological other' was one man's story in particular. During all the years that he was struggling with infertility, going to clinics, and spending his life savings, he did not speak about his experience with anybody but his wife. While his wife was accessing support in virtual and non-virtual networks, he kept silent. Moreover, while sitting on the porch sipping beers with other men, with whom he shared an experience to some extent (otherwise they would not have been at the NGO meeting), he still did not discuss infertility and its treatment. But as we soon found out, this was not because he was uninvolved in the treatment or not emotional about it. The other thing that struck me when interviewing these men that day was that two of them cried while telling their story. It was then that I realized that I wanted to talk to men and hear their stories of IVF.

I conducted interviews between the summer of 2014 and the summer of 2015. At the time of the interviews, most of the men were already fathers of children conceived following assisted reproductive technology treatment, the oldest children being in their twenties, the youngest being a few months old. Some of the men were expecting their first child, and one of the men interviewed was still in treatment (after some unsuccessful attempts). They were all middle class, educated professionals. Most of the men interviewed did not use the government-funded programme (as it only started in 2013), which means that they could all afford the expensive procedure of IVF treatment.

The interviews lasted between 40 min and 2 h, they were transcribed and then read repeatedly in search of recurring topics and themes. Close collaboration with colleagues from the team investigating children's experiences of IVF allowed access to other ethnographic data (such as interviews with doctors performing IVF treatment, children conceived with the use of assisted reproductive technology and their family members), and the opportunity of constant discussion and triangulation.

Due to the sensitivity of the subject and the sampling strategy, which included snowball sampling originating with the patients' NGO, some of the men and many of the men's partners were conscious of, or even involved in, the political debate on IVF.

Polish men's narratives of IVF treatment

Supporting and escaping

The most striking aspect of interviewing men with experience of IVF treatment was the strength and depth of the emotions expressed. Some of the men I spoke to cried during the interviews, some of them cursed, some had difficulties finding

the right words, others found it difficult to look me in the eye. After the interview was finished, many of them told me that it was very important for them to be able to share their stories, and that they felt happy that somebody was conducting research on this subject. The more recent the treatment, the more emotional the men were; sometimes partially with their tears or body language, they expressed a deep desire to have a child, fear it would never happen and finally happiness when it did. I had to revisit my previous assumptions of men being less affected than women by involuntary childlessness. Nevertheless, no matter how emotional their accounts were, all of the men interviewed for this study left most of the 'work' that the treatment involved to their partners. There are of course aspects of the treatment that cannot be shared between partners, simply because they involve the female body. There are however, many activities such as obtaining information, organizing visits, talking to nurses, reading agreements with clinics and so on, which could be shared. Most of the men I interviewed were conscious of the existence of these necessary activities and explicitly talked about women doing most of it:

(...) the burden is on the women. I mean... she pays 90% of the costs. All of it... the injections, the hormones and so on. The man can do whatever he wants [to help], but actually he doesn't, most of the time (...) You sit in those clinics and you see those couples (...) it is always the women talking to the receptionist, the man just stands next to her. Always, after taking care of his girlfriend, the guy calls the office to see what's up there [at work]. Me too, after taking care of her, you know I have to take a day off to be in the clinic, I call the office, my thoughts go there (...) It is always the women walking the stairs first, the guy follows (...) she's talking to the nurse, while he sits down waiting. [Filip, manager in an international NGO]

The interviewed men claimed that they were doing their best to be supportive, some of them stressed that they were with their wives 'the entire time', but they still experienced feelings of helplessness and detachment. The man quoted above acknowledged that he is 'not the most supportive person in the world' and that he 'could be doing more' even though he is trying hard. Another interviewee, reflecting on the treatment which he underwent a couple of years earlier, admitted that while he was trying to be supportive, he was also trying to escape from the problem by working long hours and building a house:

For me [building the house] was a great way to escape from the subject. I was doing the inseminations, but I was a classic case of a task-focused guy ... it was Ela who managed the appointments, controlled the visits ... I was only there for the easy, technical bit of it. [Edward, marketing specialist, father of a five-year-old child]

While openly admitting that they left their wives to be the 'brains' and the 'engines' behind the treatment, the men considered it very important to explicitly acknowledge and appreciate the role their partners played in the process. One of the interviewees, a manager in a NGO who was still undergoing treatment, said at the beginning of the interview that there is something 'very important he wants to be well stressed', which turned out to be the fact that it is the women who carry the bulk of responsibility for the treatment. Another

man, a successful lawyer with two seven-year-old children born after IVF, asked me to start recording again because at the end of the conversation he realized he had not emphasized enough the role his wife had in the process:

My wife was the brain of this whole process... it wasn't me who was calling... maybe I sometimes had an idea... but it was not that I organized anything ... I mean I never questioned the need, I never, God forbid, said we couldn't afford it or that we should spend the money in another, better way... but... one couldn't say I was pushing my wife to do it... organizing it... like a holiday trip for example'. [Ignacy, lawyer, father of two seven-year-olds]

It is interesting how the man quoted above appreciates his wife on the one hand, but on the other hand detaches himself from the experience and from responsibility for the process. That could be associated with the fact that he is a religious Catholic. After undergoing the IVF treatment, his wife, who had been a practicing Catholic, decided to leave the church and religion. This remains an issue between the partners, for example, he has not totally accepted the fact that the children have not been baptized; even though they are already seven years old the subject is still not closed. He is also very modest in his criticism of the Catholic bishops who openly object to IVF treatment and who stigmatize children born after IVF (Radkowska-Walkowicz, 2012).

Fighting back

In their article on men's experiences of IVF treatment, Johansson et al. (2011) use the term 'chivalry' when describing the way men put women's experiences first and saw their own role as supporters and protectors. The men interviewed for this study also spoke about the need to care for their partners, and claimed that their partners' suffering was more profound than their own. The first reason for this could be the nature of the medical procedures. The men spoke with sympathy about everything that their wives underwent in terms of medical treatment: the tests, injections, hormonal therapy and so on. My interviewees admitted that they felt powerless and not able to bring relief to the suffering of their loved ones.

In this study, however, another association of the word 'chivalry' is also relevant: this is the association with a knight, a real fighter on a horse, a truly masculine figure. Paradoxically, the opportunity to undertake such a masculine role has been enhanced by the hostile political context in which the couples underwent treatment. The bishops, journalists and politicians, with their strident negative view of assisted reproductive technology treatment, become 'enemies' that the interviewed men could battle. Most of the interviewees became very emotional when talking about the highly judgmental and stigmatizing public discourse.

[out of all public debates the one on IVF] is really about me. Like no other. I really feel that they are talking about me and they are just fucking jabbering. They know nothing about me. and I just feel like going there to the studio and slapping them a couple of times. Not out of aggression, but to make them understand'. [Filip, manager in an international NGO]

When talking about the public debate many of the interviewees tended to use very strong, and even vulgar

language. I believe this language is a response to the extremely strong language of the Catholic bishops and right-wing journalists, who attribute 'survivor's syndrome' to IVF children, as well as physical stigmas, by which doctors can supposedly recognize that somebody was conceived with the use of IVF. As the public debate is focused on the embryos and women's bodies, the men are again left out. Here, however, it seems that the strong language they use might be a way of symbolically defending their women and children against the judgment and negative associations present in the public debate and media.

Loneliness and togetherness

Some of the interviewees found IVF problematic not only because of the public debate, but also due to personal beliefs and uncertainties.

I must admit... I am a practicing Catholic and I had to answer to myself if it is morally justified, because there are different opinions on that. [Bartek, expecting his first child conceived naturally after two failed IVF attempts]

The interviewee quoted above kept the fact that the couple was undergoing treatment a secret. He did not tell anybody, including his sister who also struggled with infertility. The couple was afraid of being judged and stigmatized. Another interviewee reported that his wife's mother opposed using the method and did not provide the emotional support her daughter needed. The men who could freely speak about the treatment were also aware of the fact that they were somehow lucky to be able to do so (for example, because they were non-religious middle class professionals who were not afraid of being judged by their family and social circle). Some of the men made strong statements about not being ashamed of who they are. All of them, however, were conscious of the hostile public discourse and felt they somehow had to address it in their choices. Some of the Catholic couples were hesitant about baptizing their children; some of them left the church and became openly anticlerical.

We are still thinking about it [baptizing their child]. I am not sure if my child should be a part of an institution that denies my daughter's existence, or thinks it's against moral, human and ethical law. [Adam, a doctor, expecting his first child conceived via IVF.]

Another reason for men keeping silent about the treatment is the shame associated with male-factor infertility. As in Goldberg's, 2008 study, the notion of manhood is interlinked with the notion of successful sexual intercourse and fertility by these men also. Even though the interviewed men realize that infertility and impotence are two different conditions, they are afraid of what others might think. One of the men mentioned comments like 'let me see your wife' and 'shooting blanks' that he saw on the Internet. He added:

I wish I could meet a guy, who when the problem was on his side, who during those years while he was struggling with it, could just go to a mate and talk about it. I wish I could meet people like that. [Edward, marketing specialist, father of a five-year-old child.]

Another interviewee, a father of two children born via IVF, managed not to answer my question, when I asked on

'whose side' the problem was. He first became quiet, and then said he couldn't remember (which, in reality, is unlikely). Most of the men were frank about being happy and relieved that the problem was not on their side, while at the same time strongly insuring me that they did not 'blame' their partners:

I tried to convince her it is not her problem. That if we are married it is not her fault, but it is our problem, right? It is OUR problem, it is US who want to have a child, and it is US who have to find a way to deal with that. [Adam a doctor, expecting his first child.]

The above quote is also an illustration of how important the union with their partners was for the men with whom I spoke. Most of them talked about quarrels and crises during the time when they were going through the treatment. Many of the misunderstandings were a result of the women feeling overburdened, left alone or feeling their partner was not involved enough. There were also some fights regarding the decision-making in the clinics. But while not hiding that the treatment was a turbulent time for the couple ('hardcore for the relationship' as one of the interviewees called it), the narrations of men were full of appreciation, love and care for their partners:

...it's absolutely [necessary] to be together in that. I mean... to talk to each other, that I feel bad with this and that, and to understand that the other person also feels bad. and talk about it... [infertility] is a problem... it's always a problem for the couple and if two people are together and love each other I am absolutely certain you should not create barriers, because that leads to the end of the relationship. [Edward, marketing specialist, father of a five-year-old child.]

The notion of 'togetherness' underpinned all the interviews. Those interviewed were of course 'happy couples'; couples who (excepting one still undergoing treatment), after years of trying, achieved their much-desired pregnancy. Their narrations would probably be very different if there was no 'happy ending'. Nevertheless, for the men I interviewed, being together, being with their wife 'the entire time' seemed a crucial thing. Interestingly, in her book about women's experiences of infertility treatment, Magdalena Radkowska-Walkowicz (2013), finds that women often feel lonely and abandoned by their partners and look for support in other women and in internet forums. These findings are not as contradictory as they might seem. On the one hand men admit they sometimes tend to leave their partners by themselves and escape from the problem. On the other hand, however, unlike their partners, men do not seek anybody but their spouses to share the experience with. Therefore, the relationship with the female partner is the only one in which they find the consolation that they sometimes need.

Conclusion

In their accounts of infertility treatment and IVF, Polish men do not seem to differ significantly from men in other European countries and the USA. Just like the men interviewed in those

countries (Carmeli and Birenbaum-Carmeli, 1994; Collins et al., 1992; Goldberg, 2008; Hadley and Hanley, 2011; Inhorn et al., 2009; Malik and Coulson, 2008), Polish men speak about the desire to have children and the emotional distress arising from difficulties in conceiving and from infertility treatment. They see their role in the process as supportive and auxiliary, at the same time feeling they don't do enough, which results in the feeling of guilt and helplessness. They also believe their main role is to be supportive for the women who carry most of the burden of the treatment, both physically, as most of the processes involve her body, and in terms of organizing the treatment.

All of the men interviewed were conscious of, and to some extent followed, the public debate on IVF. The few of my interviewees who were practicing Catholics found it necessary to somehow deal with the moral judgment of the church. Most of the interviewed men, however, were non-religious and for them the Catholic and right-wing discourse was only a source of annoyance, anger and sometimes pain. Most of the men become very emotional when talking about the public debate on IVF. They used strong language and sometimes expressed rage and hatred. It could be that they used this as an opportunity to express their masculinity. While feeling quite helpless and less involved in the treatment, they used hostile discourse in response to the public debate to show their power, energy and ability to protect their women and children. According to the lyrics of a popular song by one of the most well-known Polish rock bands, *Perfect*, a 'real man' should not only build a house, plant a tree and raise a son, but also 'kill the enemy'. For many men in this study it seems that the enemy are those who speak about 'murdering embryos' and Doctor Frankenstein.

Last but not least, it is worth noting that the men interviewed for this study spoke about the importance of 'togetherness' in the process of infertility treatment. This is somewhat contradictory to their admission that they left most of the work associated with the treatment to the women and that they sometimes tried to escape from the problem. It seems that to some extent the importance of 'togetherness' was an expression of the men's desire and need to have someone to share the experience with, rather than an expression of will to participate fully in all aspects of the experience.

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