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In Vitro Method in the Understanding of Polish Secondary School and University Students: Between Prohibition and Choice

Abstract: This article presents an analysis of the views and opinions of secondary school students in Kalisz and university students in Poznań in regard to in vitro fertilization and its use by infertile couples. The basis for the analysis is sociological research conducted in the years 2007 and 2011 among 456 secondary school students and 426 university students.

Keywords: in vitro fertilization; infertility, sin; NaPro technology; medical conscience clause; moral appraisals.

Introduction

What is the essence and aim of extracorporeal fertilization by the in vitro method and what is its ideological foundation? How do secondary school and university students—the subjects of the research presented here—perceive and appraise this manner of achieving parenthood?

In addition to contraception and abortion, infertility is an issue that may arise in marital life; couples who can not conceive a child in the natural manner may feel that their greatest dream and aim—motherhood and fatherhood—is achievable only by in vitro fertilization. Infertile religious couples are hampered in this aim by their religious faith and the moral prohibitions of the Roman Catholic Church, which rejects in vitro fertilization as incompatible with natural law and points to the possibility of parenthood through the adoption of orphans or children deprived of (or abandoned by) their own biological parents. Infertile religious couples are thus faced with a dilemma. Should they remain faithful to Catholic religious and moral proscriptions and renounce the hope of parenthood by foregoing the use of the in vitro method? Or should they choose that method and the possibility of becoming biological parents while simultaneously departing from the requirements of Catholic faith and morality? Religion and life make separate demands and thus many infertile couples decide to attempt to become parents by the in vitro method, thus relinquishing the principles and privileges accorded them by Catholic religion and morality, and entering into conflict with the Church as its members.

In light of this background, it seemed proper to inquire whether the respondents of my study—secondary school and university students—are sufficiently well oriented in the

specifics of extracorporeal fertilization by the *in vitro* method. What is their attitude to the use of this method of fertilization by infertile couples striving for parenthood? Do they accept or oppose the principles of Christian faith and the ethical norms of the Roman Catholic Church, which forbids infertile couples to use the *in vitro* method of fertilization as being incompatible with natural law? Do they perceive the use of this method as an immoral and sinful act? What is their attitude to the medical conscience clause in regard to *in vitro* fertilization?

I answer these questions on the basis of my sociological research into Polish youth's attitudes to Catholic moral norms concerning family and marital ethics, including norms regarding *in vitro* fertilization. These studies were conducted in 2007 and 2011 in Kalisz among 456 secondary school students (51.7%) and 426 students of the non-public College of Communications and Management in Poznań (48.3%) in four fields of study: sociology (28.2%), pedagogy (24.4%), management (23.9%), and computer science (23.5%). The students were chosen by stratified sampling from registration rolls (Blalock 1977: 16–17). In total, the study included 882 respondents, of which 508 were women (57.6%) and 374 men (42.4%). In deciding upon this method of selecting the sample, it was important to me that it would ensure the representativeness of the findings. Moreover, it needed to be probabilistic, so the findings could be generalized to the whole population of students in the secondary schools participating in the study and the population of students in the given institution of higher learning. Nevertheless, this choice also had to take into account the fact that a certain overrepresentation of persons with certain traits could appear in the population studied, for instance, on account of gender. In this case, the selection of stratified samples, for both categories of respondents, seemed indicated. Hubert M. Blalock writes that 'In selecting a stratified sample we first divide the population into a series of groups or categories and then randomly select independent samples from each layer. The selection may involve such variables as gender, age, education, occupation, residence, type of institution, etc.' (Blalock 1977: 449–450).¹ Earl Babbie calls the stratified sample method a 'quota method' and notes that 'quota sampling begins with a matrix, or table, describing the characteristics of the target population.' (Babbie 2007: 206).

The participants of the studies were students in the first and third year of selected secondary schools and university students in the first and third year of studies in selected majors. 54.4% came from comprehensive secondary schools, of which 50.7% from the first year and 49.3% from the third year; 45.6% came from secondary schools with specific profiles, with 50.3% and 49.7% from the first and third year respectively. Among the university participants, 53.1% were in their first year of university, including 27.4% in sociology, 23.3% in pedagogy, 26.2% in management, and 23.1% in computer science. 46.9% were in their third year, including 29.2%, 25.0%, 24.5%, and 21.3% respectively for those same fields of study. According to their permanent place of residence, the distribution of respondents was as follows: 21.5% were from the countryside; 26.2% from a small town; 29.6% from Kalisz; 22.7% from Poznań; and 78.5% from towns in total. The majority of respondents (72.1%) came from two-parent families; 17.9% were from broken families; and 8.6% had a single parent.

¹ Polish Edition.

In statistical analyses of relations and dependences I used Kendall's coefficient in exclusive reference to 2×2 tables, which take the form of the Q ($Q = ab - bc/ab + bc$). An important statistical dependence appears when $Q = + < 0.200 - 0.999$ or $Q = - > 0.200 - 0.999$. In the range of -0.200 to $+ 0.200$ there is no important dependence (Blalock 1975: 260; Lutyński 1968: 264). Kendall's coefficient is also defined in statistics as Yule's coefficient of association (Pociecha 1974: 64). The statistics are calculated without the contingency coefficient C , showing the strength of the dependence but not its direction.

During my research I used monographic and social environmental survey methods, and at the stage of analysis and description, I used statistical, comparative, sociographical, and correlation methods. The research instrument was a multi-issue questionnaire containing 54 substantive questions and 6 questions on various aspects of the respondents' attitudes to Catholic moral norms, taking into account the respondents' socio-demographic traits (see Baniak 2015).

This work focuses on the views and opinions of secondary and university students concerning in vitro fertilization and aims to make a broad presentation—by description and analysis—of these views and opinions in the context of many independent variables. The main question is: What is the attitude of the secondary school and university students participating in the study to in vitro fertilization and to what degree does their attitude depart from the attitude to these phenomena of secondary and university students participating in other studies in the contemporary period? An additional question concerns the extent of independent variables on the views and opinions of the respondents in regard to this phenomenon.

Analysis of earlier studies—which indicate the lack of homogeneity in Polish youth's attitudes to infertile couples, their potential parenthood, in vitro fertilization, and use of the medical conscience clause in this connection—inspired me to undertake research on the subject and to attempt to perceive the trend of thought among my respondents on this question. I tested the hypothesis that the attitudes of both categories of respondents to moral and religious norms concerning in vitro fertilization (as well as their attitude to the medical conscience clause), would depend in large measure on various external factors, but that it would be different from the attitude of youth in earlier sociological studies. I also assumed that the dominant percentage of respondents would question the Catholic ethical norms forbidding these activities (in vitro fertilization) in marital life, and that they would also contest the Church's moral-religious interpretation and the relevant conscience clause. I also tested the hypothesis that, among various independent variables, religious faith and religiosity would most strongly influence the views and opinions of the respondents concerning in vitro fertilization and its practical application.

In other research this interdependence is seldom encountered. An important issue is the scale and direction of change in the attitudes of respondents to Catholic ethical norms concerning in vitro fertilization within the framework of the paradigm 'between prohibition and choice.' What percentage of secondary and university students participating in the study accept these norms in full or in part, and what percentage disapproves of them, opposing their imposition and rebelling against the Church's authoritarian position in this question, and against the conscience clause in relation to in vitro fertilization.

In Vitro Fertilization—Its Use, Aim, and Ideological Foundation

Iwona Przybył points out that infertile couples very often want to become parents ‘regardless’ and thus undertake various procreative activities for this purpose (Przybył 2012: 127–141). She correctly notes that in the literature on the subject this aim is defined as the ‘motherhood imperative’ (see Budrowska 2000). She writes that:

Possession of offspring can be considered a basic moral value sanctioned by the natural right of couples to procreate. Not all couples have the possibility to realize this value. According to global statistics, the problem of infertility affects 8% to 18% of couples, and thus the World Health Organization has recognized infertility to be a social disease. From the viewpoint of the Catholic Church’s teachings, the various forms of treating infertility may be ethically acceptable (for instance, NaPro—natural procreative technology) or “unacceptable” (for instance, in vitro fertilization). (Przybył 2012: 127; cf. Głombik 2009: 91–99).

In Iwona Przybył’s appraisal:

(...) a couple’s use of assisted reproductive techniques, including in vitro fertilization, results from a deep internalization of the social imperative of parenthood, which may even transform into an obsession with being a mother; changes in seeing a child as a value; and finally, the attitude of medical personnel in specialized clinics treating infertility. The aim of this work (...) is to show the paradox or dilemma in which couples find themselves. The paradox consists in the fact that persons who deeply identify with the main aim of marriage as parenthood and who make use of an assisted reproductive method experience a conflict of conscience which can result in their abandonment of religious practices and a change in their religious convictions (Przybył 2012: 128).

What is the attitude of people to in vitro fertilization in various other countries? The answer to this question is important in showing Poles’ attitudes to in vitro fertilization. Krzysztof Tomasiak writes, on the website KAI, that:

according to a report by the Senate Chancellery’s Office of Analysis and Documentation, which analyzed legal solutions in the question of in vitro fertilization in 2010, out of 27 European and non-European countries, in vitro fertilization is forbidden only in Malta. The analysis took the following countries into account: Andorra, Austria, Belgium, Canada, Cyprus, The Czech Republic, Denmark, Estonia, Finland, France, Germany, Great Britain, Greece, Israel, Italy, Lithuania, Malta, The Netherlands, Norway, Portugal, Romania, Russia, Serbia, Spain, Sweden, Switzerland, and Turkey. In the majority of these countries, questions concerning extracorporeal fertilization have been regulated either in separate laws or by regulations within the laws in force. To this time, Andorra, Cyprus, Romania, Serbia (...) do not yet have legal regulation of the in vitro method. The basic principle in force in all the countries analyzed is the existence of legal limitations concerning the use of embryos. Turkey has the most rigorous law in this regard. There, the creation of embryos is allowed exclusively for their implantation in the organism of a woman who is in a marital relationship; the eggs must come from her organism, and the sperm donor can only be her husband. Similarly, in Austria the embryos can be created only for procreative purposes. The number of embryos that can be created is limited by law in Canada, The Czech Republic, Germany, Italy, Lithuania, Portugal, Switzerland, and Turkey. Four countries—Finland, France, Portugal, and Switzerland—set such limitations for medical reasons. In the remaining countries the possibility of creating embryos is unlimited: for instance, in Denmark, the number of embryos created for a single treatment is not limited. Research conducted on embryos is allowed in 17 countries, but six of them emphasize the existence of rigorous legal limitations on the conduct of such research: Austria, Canada, Estonia, France, Great Britain, and the Netherlands (...) The creation of embryos for scientific purposes is prohibited by the majority of the countries studied. Only Switzerland allows their creation for the purpose of obtaining stem cells, and Great Britain permits them to be kept alive to the fourteenth day after fertilization (...) Turkey has adopted an absolute prohibition on research using gametes and embryos, along with a prohibition against freezing embryos. In Turkey, a human embryo, from the moment of its creation, is considered to be a human being and encompassed by human rights guarantees. Criminal provisions protecting embryos have been adopted in Spain and Germany. In Greece, France, and Switzerland, embryos are protected by the civil code, which ensures the protection of human life from its inception. In the remaining countries, the legal status of the embryo is not regulated. (...) Genetic intervention in an embryo is not permitted in the majority of the countries studied. Those that permit it are The Czech Republic, Cyprus, Denmark, Finland, Portugal, and Spain,

on condition that the given embryo is not used for in vitro fertilization. In Georgia, the issue is not legally regulated. (...) In the majority of these countries the relevant public institutions cover the costs of extracorporeal fertilization. The costs are fully covered in Belgium, Denmark, France, Greece, and Italy. In Georgia and Switzerland, the entirety of the cost of such treatment is covered by the patients. The remaining countries cover 25 to 70 percent of the entirety. Limitations on state aid for in vitro fertilization for married couples are in force in a minority of the countries, that is, in The Czech Republic, Cyprus, Germany, Sweden, and Turkey. In France, state aid is available to both married couples and those in a relationship involving a minimum of two years of cohabitation. On the other hand, there are no limitations on aid in extracorporeal fertilization for heterosexual couples in Belgium, Canada, Denmark, Finland, Greece, Georgia, Israel, Norway, and Spain. In all the countries the permissibility of in vitro fertilization depends on the age of the woman, although the upper limit of this age is differently established, between 39 and 50 years of age. In Germany, an upper limit is set for the age of men—50 years. (...) Who can have recourse to in vitro fertilization? Limitation exclusively to married couples occurs in The Czech Republic, Lithuania, Portugal, Switzerland, and Turkey. In France, partners who have lived together for a minimum of two years have equal rights in this regard with married couples. Belgium, Canada, Denmark, Estonia, Finland, Israel, Norway, and Spain do not restrict the use of in vitro fertilization to heterosexual couples. (...) Other aspects of in vitro fertilization regulated by law in the countries analyzed concern the remuneration of donors, access to medical documentation connected with extracorporeal fertilization, and the personal data of persons treated by, or born as a result of, extracorporeal fertilization. None of the existing legal solutions—from Turkey's strict law through the more liberal regulations in Germany, Switzerland, Austria, and the Scandinavian countries, to liberal regulations, such as in Great Britain—corresponds with the norms of the Catholic Church (see [Tomasik 2010: 1–4](#)).

Joanna Biszewska adds that:

the percentage of pregnancies obtained by in vitro fertilization depends on the age of the woman and the cause of infertility. According to the European Association of Human Reproduction and Embryology, on average one in three transfers of an embryo is successful. Poland does not keep central statistics of the success of in vitro treatments. (...) According to the British office HFEA, in 2010 the percentage of procedures that were successful, ending with the birth of a healthy child, was as follows: 32.3% in the age group of up to 35 years; 27.2% in the group between 35 and 37 years; 19.2% in the group between 38 and 39 years; 12.7% in the group between 43 and 44 years (see [Biszewska 2015: 3](#)).

What do Poles—and particularly those about to be married—expect from the institution of marriage? Various studies on the subject have found that potential spouses desire above all the mutual love that binds a husband and wife, and possession of their own children; only as a secondary concern do they want economic and social security or other benefits directly connected with the marital-family union. A child is thus at the centre of the desires, expectations, and hopes dominating the majority of marriages and nuptial couples, while the inability to have a child for objective reasons beyond the natural limits of capabilities becomes an unboundedly difficult dilemma and tragedy, which can call into question the sense and aim of married life. Researchers on the subject indicate that a certain percentage of married couples can not have biological children due to the inherent infertility of one or the other of the pair, or both. This calamity most likely affects 10% of marriages in Poland, although presently this figure could be even higher ([Przybył 2012: 133](#)).

Maja Górka notes that couples react variously to the news of their infertility, although most often the reaction is one of shock and disbelief ([Górka 2005: 86–91](#)). In writing about the reactions of couples to news of their infertility, Górka points out that rejection is common, in particular for men (husbands), that is, they refuse to accept the information. On the other hand, women who have difficulty conceiving doubt their own femininity and question the sense of an existence in which they are unable to give life to another human being, to become the mother of a biological child. The author adds that men in such a situation blame themselves and say 'I am a lesser man' or 'I am a failure.' Infertility is a difficult

experience for both spouses concerned; it signifies a life failure, an existential crisis (see [Górska 2005: 53–54](#)).

Iwona Przybył claims that:

(...) Confronted with a diagnosis of infertility, in the majority of cases couples must face the difficult question of deciding how to deal with the crisis satisfactorily. Being treated for infertility is for most couples a traumatic experience. (...) Not all couples who have trouble conceiving undertake treatment. Some of them express the conviction that infertility is God's will and claim that they do not have children and do not seek treatment because "plainly that was the way it was meant to be, that was what God wanted, but we keep trying." It can be imagined that for them even treating infertility, never mind the use of assisted reproduction, is interference in the sphere of the supernatural. Nevertheless, this is an incidental position, although the conviction that infertility is the will of God is generally more often held by women (33%) than by men (17%) ([Przybył 2012: 134](#); see [Miall Charlene 1994: 392–421](#)).

In Roman Catholic marital and family doctrine, parenthood is the right of couples who have had a sacramental marriage and is to occur in the natural way—through the sexual act in which a husband and wife are united. 'Artificial' or medically 'assisted' procreation is not accepted by the Church, because, as Maria Wojaczek points out:

'(...) it separates procreation from marital love and simultaneously excludes marital faithfulness and unity, and for this there is and can be no room in Roman Catholic family doctrine. The Church solely allows such methods of treating infertility that will in effect return fertility to the couple and allow the natural conception of a child through the sexual act. One such method is NaPro technology, in which it is assumed that a child can only be the result of natural forces and not of unnatural, even medical, forces. When treatment of infertility is ineffective, this method then advises couples to adopt, as every child is viewed as a gift of God, without conceding parents a kind of "right to a child." Therefore, couples can choose parenthood through adoption or fostering, or can concentrate on other socially important life aims. A child is not the only factor giving sense and purpose to people's marital life' ([Wojaczek 2009: 43–49](#)).

Iwona Przybył is also correct in writing that:

'(...) In spite of many religious doubts—because the techniques of assisted reproduction involve the question of how new life is brought into existence—and moral doubts, because the techniques involve issues of the order of life and are the source of questions on the sense of our own existence—the number of couples making use of extracorporeal fertilization is going to grow (...)' ([Przybył 2012: 135](#)).

However, this conclusion evokes other questions, if only the following: Is the moral-religious position of the Catholic Church in the question of marital infertility and the manner of its treatment entirely objective and acceptable in every instance to believers? (Not to mention non-believers and persons who do not accept the Church's guidelines in this question.) Does the 'right' of a couple to have their own child, which is so strongly criticized by the Church, have to be exclusively negative? Would it perhaps be better to view the sense of that right from the perspective of the depths of parental love, which is so strongly rooted in the marital love of potential parents, instead of with an insistent emphasis on the ideological position supported by theological theses? Leaving aside submission to the Church's family doctrine, does NaPro technology always resolve the problems of couples affected by infertility, in proposing adoptive or foster parenthood and simultaneously depreciating and rejecting extracorporeal—in vitro—fertilization, to which, guided by parental instinct and love, those couples wish to have recourse?

There may be more such questions, but the problem does not lie in their multiplication, it lies in something else—in making use of medical achievements to treat infertility

and in utilizing, for this purpose, the methods of conception that have been established, and in not undermining, ideologically, their sense and purpose for religious or ideological reasons. Iwona Przybył considers that the percentage of couples making use of in vitro fertilization will grow systematically, regardless of the Church's negative and consistently preferred position concerning human reproduction. This position is opposed and rejected by the majority of the Catholic faithful. As researchers point out, the Church has already lost this ideological conflict in the social dimension because it proposes an inhuman approach to a problem (infertility) that has fundamental existential importance for many couples in Poland and beside which religious theses cease to have meaning. Social and psychological research has shown that people are taking such an approach to this problem and to their questions (Rostowski 1993: 3–6; Sitkowski 2005: 126–131; Szeroczyńska 2008: 89–112; Konarska 2005: 136–144).

In Poland, in vitro fertilization produces an ideological-religious conflict and discussions over moral foundations. The Church opposes both the method itself and coverage of the costs, and is in conflict with the state in this question. Rafał Boguszewski remarks that '(...) The basic problem connected with in vitro fertilization is a conflict over the rights of two entities: the right to have offspring and the right to life of every conceived human being. Resolution of this conflict depends on which of these rights we give priority to' (Boguszewski 2012: 244). Piotr Czarnecki adds that:

in this conflict what is important is how we interpret human nature. Opponents of in vitro fertilization, based on the doctrine of the Roman Catholic Church, postulate the protection of human life from conception and consequently consider embryos to be fully fledged human beings. Proponents of artificial insemination do not consider an embryo to be a human being yet, and treat infertility as an illness that can be eliminated by in vitro treatment, while freezing embryos guarantees their safety. In their conviction, all human beings have a right to have their own children, and the decision to undertake the procedure depends on the persons trying to have a child and is not a matter for ethical judgment (Czarnecki 2008: 87–88).

Pope John Paul II (1995: 14) was also critical of in vitro fertilization and wrote in the encyclical *Evangelium Vitae* that:

...The various techniques of artificial reproduction, which would seem to be at the service of life and which are frequently used with this intention, actually open the door to new threats against life. Apart from the fact that they are morally unacceptable, since they separate procreation from the fully human context of the conjugal act, these techniques have a high rate of failure: not just failure in relation to fertilization but with regard to the subsequent development of the embryo, which is exposed to the risk of death, generally within a very short space of time. Furthermore, the number of embryos produced is often greater than that needed for implantation in the woman's womb, and these so-called "spare embryos" are then destroyed or used for research which, under the pretext of scientific or medical progress, in fact reduces human life to the level of simple "biological material" to be freely disposed of.

Rafał Boguszewski writes that the in vitro method is becoming increasingly popular in Poland and an increasing percentage of couples struggling with infertility are requesting that a wide range of treatment costs be covered by the National Health Fund. At the same time, these demands are presently meeting with sharp criticism from the Church authorities and the current state authorities, including parliamentarians connected with rightist parties, who consider covering the costs of infertility treatment to be acceptable solely for certain categories of married couples (Boguszewski 2012: 246).

What stance do Poles adopt on this question? From CBOS (Public Opinion Research Center) surveys to this time it appears that public support for in vitro fertilization was not lower than 60% in 2008 and in 2010 the use of this method by infertile couples was supported by 73% of respondents. On the other hand, acceptance of its use by couples in informal relationships had declined to 58% of the Poles surveyed; 32% would deny such couples the possibility of conceiving a child by this method. Only 43% of respondents agreed that single women desiring to have children should have equal rights to make use of this method, although this reluctance has been declining from year to year, along with an increased acceptance for democratic conditions of human existence. Beata Roguska writes that while in 2009 the majority of respondents opposed the access of single women to this method of fertilization (51% against 39%), in 2010 the numbers had become almost equal (43% against 44%) (Roguska 2010: 1–2).

Alojzy Morzyniec notes that the essence of the problem with this method of fertilization concerns the creation of excess human embryos and also establishment of the point at which the embryo acquires personhood: Is it at the moment of conception, at the moment when the embryo is implanted in the uterus, or at the moment when the embryo acquires the ability to feel pain, that is, at the moment of the ‘birth’ of the brain (Morzyniec 2009: 129–130)?

In the opinion of Beata Roguska, a large percentage of Polish Catholics, in spite of their declared faithfulness to the moral teachings of the Church and regular participation in religious practices, hold a position on in vitro fertilization that is decidedly contrary to the Church’s view (which is well known to 84% of persons who were questioned on the topic). Not quite 70% of respondents consider that neither a doctor conducting in vitro fertilization, nor a woman being treated, nor a person supporting such a woman, are committing a sin; only 15% to 17% of respondents consider these to be sinful acts. The author claims that ‘...in the conflict between the right to possess offspring and the right of each conceived human being to life, in the case of in vitro fertilization, Poles decidedly favour the right to possess offspring, in spite of their uniform religious affiliation’ (Roguska 2010: 9–11).

In Vitro Fertilization in the Moral Appraisal of Secondary School and University Students

On the basis of the theoretical premises and above-mentioned empirical data, it should be asked: What is the position of the respondents participating in the research presented here in regard to in vitro fertilization? In desiring to learn the opinion of my respondents, I asked them three questions: 1) Should infertile couples have access to in vitro fertilization? 2) Is a doctor performing in vitro fertilization, and a woman undergoing this treatment (and her husband), committing a serious sin, as believed by the Catholic Church? 3) Should a gynaecologist, making use of the conscience clause, be able to refuse to perform in vitro fertilization for infertile couples?

The distribution of data in Table 1 indicates that the dominant percentage of respondents (70.4%) claim that infertile couples should have the complete right to treatment of this condition and to strive for conception by in vitro fertilization, and the majority (43.5%) do not have the least doubt about this question. The remainder (26.9%) link their doubts

Table 1

The respondents' views on whether an infertile couple should have access to in vitro fertilization

Infertile couples should have access to in vitro fertilization	Women		Men		Secondary School Students		University Students		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	218	42.9	166	44.4	160	35.1	224	52.6	384	43.5
Rather yes	137	27.0	100	26.7	146	32.0	91	21.4	237	26.9
No	68	13.4	42	11.2	63	13.8	47	11.0	110	12.5
Rather no	55	10.8	43	11.6	58	12.7	40	9.4	98	11.1
No opinion	30	5.9	23	6.1	29	6.4	24	5.6	53	6.0
Total	508	100.0	374	100.0	456	100.0	426	100.0	882	100.0

with a possible 'overproduction' or 'excess' of embryos and their destruction by a doctor. Other respondents do not agree that this method should be used by single women or by persons in informal relationships. Nearly all those who decidedly support the access of infertile couples to in vitro fertilization explain in their answers that they do not approve of the intervention of the religious institution:

It irritates me that the Catholic Church has such broad moral authority in Poland and uses it to impose on people its own position in matters of marital and family life, and also sexual matters. The prohibition against the use of in vitro fertilization is a good example of this. Infertile people have a right to be treated for this condition in this manner and the clerics should have nothing to say on the subject (woman, 19).

I consider that no one can prohibit infertile people from trying to have their own children and to make use of unconventional methods in order to become parents. In vitro is one such a method and is being used by an increasing number of such couples, regardless of the Church's bans (woman, 21).

In vitro fertilization is accepted by a large percentage of the respondents in every category: 69.9% of women and 71.1% of men; 67.1% of secondary school students; and 74% of university students. These groups of respondents thus oppose and reject the religious-ethical position of the Catholic Church in this question, judging it to be 'inhuman,' 'extremely ideological,' 'unscientific,' 'authoritarian,' and 'made up by theologians,' as is confirmed by statements on the subject favouring the use of in vitro fertilization by infertile couples.

On the other hand, we see that among the respondents there are those who decidedly reject in vitro fertilization as incompatible with natural law and the moral teaching of the Church (23.6%). In their opinion, Catholic couples should not attempt to become parents by this method but should listen to the Church, which reminds them that they can become adoptive parents if they truly want to love and care for a child. It is not permissible for them to break the natural order in the sphere of parenthood. This radically different attitude to assisted reproduction and infertile couples was expressed in the students' personal statements:

Human fertility is a gift of nature, which is given only to certain men and women, so that they can become the parents of children. The others did not receive this gift and the privilege of giving birth to a new life. People should not change the natural law and ascribe to themselves the right to have children. In vitro fertilization is unnatural and morally sinful (woman, 22).

In vitro fertilization is an artificial method resulting from the extreme egoism of women who did not receive the gift of fertility and motherhood. Thus they decide to become mothers at any price, specifically by means of this method, which seems contrary to nature. In my opinion they are thus committing a great sin, which they should confess to a priest, if they consider themselves true Catholics (man, 9).

There are opponents of in vitro fertilization in every category of respondent: among women—24.2%, and men—22.8%, secondary school students—26.5%, and university students—20.4%. However, they constitute not quite one fourth of the collective studied, while the majority of respondents in all categories admit the right of infertile couples to become parents through in vitro fertilization, thus opposing or overlooking the Church prohibition which questions the value of this method, as being incompatible with natural law (cf. Boguszewski 2012: 246).²

To what degree is the attitude to in vitro fertilization and the right of infertile couples to take advantage of it in striving for parenthood dependent on the faith and religiosity of the secondary and university students taking part in these studies?

Table 2

Declarations of the Respondents

Declaration of the Respondents	In vitro fertilization							
	Accept		Reject		No opinion		Total	
	Number	%	Number	%	Number	%	Number	%
Believing	312	63.7	156	31.8	22	4.5	490	100.0
Non-believing or neutral	309	78.8	52	13.3	31	7.9	392	100.0
Total	621	70.4	208	23.6	53	6.0	882	100.0

For this table Kendall's coefficient $Q = 0.495$ and signifies an important dependence between the variables in the mid range. As emerges from the above distribution of data, religious faith and lack of faith only limitedly determine a respondent's acceptance or rejection of in vitro fertilization, and its availability to infertile couples. The difference between the percentages of the two categories of respondents who accept in vitro fertilization and infertile couples' right of access to it amounts to 15 percentage points for non-religious persons. However, the difference between the percentages of respondents rejecting this method in both categories amounts to 18 percentage points for religious persons.

On the other hand, it should be emphasized that 63.7% of believing respondents accept this method of reproduction and want infertile couples to be able to achieve their dream of parenthood by its means, while scarcely 31.8% in this category question the implications of the method and reject the right of infertile couples to make use of it in treating their condition in order to become parents. Thus the respondents, in spite of their religious faith and belonging to the Catholic Church, do not agree with its negative view of in vitro fertilization and its refusal of the right to parenthood by its means for infertile couples.

² Boguszewski writes that the Poles surveyed by CBOS in 2009 viewed the possibility of making in vitro fertilization available to infertile couples as follows: a) decidedly for—44%; b) rather for—29%; c) rather against—9.0%; d) decidedly against—9.0%; e) hard to say—9.0%. Moreover, in vitro fertilization was accepted then by a total of 73% of the Poles surveyed, while 18% were against it. Thus the difference between these indicators is very large, as it amounts to 55 percentage points for respondents supporting the attempts of infertile couples to conceive a child by use of this method of reproduction.

In the category of non-religious respondents, only 13.3% question the implications of this method and doubt whether infertile couples should make use of it in order to fulfil their dream of parenthood. An even larger percentage of these respondents than the religious respondents fully accept the treatment of infertility by this method and declare themselves in favour of the right to it of all men and women affected by this condition, and particularly those living in a marital relationship. For them, the Church’s prohibition in this question does not have any significance, thus they oppose it and object to refusing couples the right to parenthood by this method.

The Respondents’ Appraisal of In Vitro fertilization as an Activity Violating the Religious System

In the appraisal of the respondents, do persons—couples and doctors—making use of in vitro fertilization violate the religious system (commit a serious sin) as established by Catholic moral norms, or is their behaviour not in violation of that system and not sinful? Is use of this method of conception sinful in the understanding and judgment of the respondents themselves?

Table 3

The Respondents’ Appraisal of Whether In Vitro Fertilization Is a Sinful Activity, Violating the Religious System

In vitro fertilization as a sinful activity	Women		Men		Secondary School Students		University Students		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
In the case of a doctor performing the procedure										
Yes	84	16.6	69	18.4	84	18.4	69	16.3	153	17.4
No	341	67.1	232	62.0	280	61.4	293	68.8	573	65.0
I don’t know	62	12.2	50	13.4	66	14.5	45	10.7	111	12.6
No data	21	4.1	23	6.2	26	5.7	18	4.2	44	5.0
In the case of a wife undergoing the procedure										
Yes	71	14.0	62	16.6	79	17.3	54	12.6	133	15.1
No	362	71.3	245	65.5	291	63.8	316	74.2	607	68.8
I don’t know	57	11.2	44	11.7	61	13.4	40	9.4	101	11.5
No data	18	3.5	23	6.2	25	5.5	16	3.8	41	4.6
In the case of a husband supporting his wife in regard to the procedure										
Yes	79	15.6	64	17.0	82	18.0	61	14.3	143	16.2
No	342	67.3	240	64.2	279	61.2	303	71.1	582	66.0
I don’t know	68	13.4	47	12.6	69	15.1	46	10.8	115	13.0
No data	19	3.7	23	6.2	26	5.7	16	3.8	42	4.8
Total	508	100.0	374	100.0	456	100.0	426	100.0	882	100.0

As Beata Roguska writes, ‘...the Roman Catholic Church considers the performance of, or recourse to, in vitro fertilization to be a sin, as is support for the use of this method, and the Council on Family Affairs of the Conference of the Polish Episcopate announced in 2010 that Catholics who have recourse to in vitro fertilization or legislate acts enabling

this procedure can not take holy communion' (Roguska 2010: 9–10). Nevertheless, the majority of respondents, who are members of this Church (66.6%) do not consider the performance of in vitro fertilization by a doctor to be a sin (65.0%) nor is a woman's recourse to the method a sin (68.8%), nor is her husband's support for this procedure a sin (66.0%).

In the appraisal of these respondents, the in vitro method itself is not sinful nor are the persons participating in the procedure committing a sin, regardless of the Church's views in this respect. On the contrary, this method and its use by infertile couples is, in the opinion of these respondents, the most ordinary path for such couples in striving for parenthood, while the work of the doctor enabling the procedure is on the order of a humanitarian act. More women (67.1%, 71.3%, 67.3%) than men (62.0%, 65.5%, 64.2%) do not perceive sin in any of the cases; a similar situation is to be seen in the attitudes of secondary school students (61.4%, 63.8%, 61.2%) and university students (68.8%, 74.2%, 71.1%), who do not recognize activities connected with this method of conception to be sinful.

Scarcely 16.2% of respondents have a different opinion on this question, and consider that the doctor performing the in vitro fertilization (17.4%), the wife undergoing the procedure (15.1%), and the husband supporting her decision (16.2%), are behaving immorally and committing a serious sin, as the Church has informed them in reference to the norms of its own morality. This sin excludes all these persons from the community of the faithful taking holy communion. In the opinion of the respondents, in vitro fertilization is incompatible with natural law and thus no one should have recourse to it in striving to have children. In the opinion of these respondents, infertile couples who want to have children should listen to the councils of the Church and become foster parents for other children or should treat their infertility by methods allowed by Church ethics.

The entirety of the procedure connected with the use of in vitro fertilization is rejected by respondents who are deeply believing (32.4, the most numerous group) and 'traditionally believing' (28.7%), while the percentages rejecting it among persons who are neutral in regard to religion or non-believing are considerably smaller (12.3% and 4.3% respectively). The percentages of respondents who do not perceive the sin in activities connected with in vitro fertilization are several times larger: among the deeply believing—58.4%; the 'traditionally believing'—65.7% (5.6%); neutral in regard to religion—80.4% (7.3%); and non-believing—91.6% (4.1%). The remainder refrained from answering (9.2%).

Table 4

The Respondents' Moral Appraisal of In Vitro Fertilization and Their Religious Faith (or absence thereof)

Respondents' declarations	Moral appraisal of in vitro fertilization							
	Sinful		Not sinful		No opinion		Total	
	Number	%	Number	%	Number	%	Number	%
Religious	150	30.6	304	62.0	36	7.4	490	100.0
Not religious	33	8.3	337	86.0	22	5.7	392	100.0
Total	183	20.7	641	72.7	58	6.6	882	100.0

Source: own research. (For this table Kendall's coefficient $Q = 0.673$ signifies an important dependence between the variables in the high range.)

The data in Table 4 show that, on the one hand, a dominant percentage of religious respondents (62%) and non-religious respondents (86%) do not consider in vitro fertilization to be sinful, and on the other, that there is a certain difference in the percentage of respondents in the two categories. More such persons are to be found among the non-religious than among the religious—24 percentage points more. Consequently, more religious persons consider in vitro fertilization to be sinful (30.6%) than non-religious persons (8.3%), that is, 22 percentage points more. These differences incline one to conclude that religious faith only limitedly favours a critical appraisal of this method of conception, while neutrality in religious matters or atheism inclines respondents more toward tolerance and acceptance of this method and to granting infertile couples the right to have recourse to it in seeking parenthood.

The Respondents' Moral Appraisal of the Medical Conscience Clause as an Obstacle to In Vitro Fertilization

Should a doctor, as a believing and practicing Catholic, desiring to remain faithful to the ethical findings of the Church on in vitro fertilization, be able to take advantage of the medical conscience clause in order to refuse to perform the procedure for infertile couples and to refuse to indicate an alternative medical centre/doctor for the procedure and by this decision in effect to prevent the couple from becoming parents? What do the secondary school and university students in the study think of such decisions by doctors and of their effects on infertile couples?

This question first requires a detailed explanation of freedom of conscience and the right to the conscience clause. What is the right to life, and what is the right to freedom?

Professor Zbigniew Szawarski, head of the Bioethics Committee of the Presidium of the Polish Academy of Sciences, claims that

(...) whoever says that everyone has a right to the conscience clause is in error. [Such a person] groundlessly identifies the moral right to freedom with the legislative right to a conscience clause. It does not at all ensue that because someone is directed by his conscience that he is necessarily acting properly. The motivations of conscience are not always clear, understandable, and worthy of moral approbation (Szawarski 2014: 8).

How then is the right to freedom of conscience expressed? In answering this question, Szawarski points out that:

(...) What we call conscience is the essence of our moral identity. The right to conscience means the right to be oneself, the right to life and to behave in accord with one's deepest moral, religious, or ideological convictions.' Pope Francis expressed it precisely when he said, in a much publicized interview for the Italian newspaper *La Repubblica*, that "Each of us has his own idea of good and evil and must strive for good and struggle with evil as he understands them." The pope was not speaking of conscience illuminated by the Holy Spirit and the moral teachings of the Church. The pope was speaking of the conscience of every human being, regardless of his faith or beliefs about the world. If we are deprived of the right to freedom of conscience, we would be deprived of the right to authentic life, to faithfulness to ourselves, to the right to being ourselves (Szawarski 2014: 8).

What, therefore, is the right to a conscience clause? In answering this question, Szawarski writes that:

(...) It is being said recently that everyone has the right to a conscience clause. This is... A conscience clause is a legal instrument and the sense of this idea is clearly defined by law. In Polish law, a conscience clause appears

in two contexts. In the medical context it signifies the following: “If someone is a doctor, nurse, or midwife, he or she may—by reference to reasons of conscience—refuse to perform activities (treatments, procedures), that he or she considers to be immoral, on the condition of indicating the real possibility [for the patient] to obtain the refused health service from another doctor or in another health care facility, and on the condition of noting and justifying the fact of refusing to perform the health service in the medical documentation, as well as informing his or her superior in writing of the fact, if he or she is practicing his or her profession on the basis of employment or service” (...) The second context is the context of compulsory (until recently) military service. Article 85 of the Constitution of the Republic of Poland states that “a citizen, whose religious beliefs or moral principles do not allow for military service, could be obliged to perform alternative service on the principles set forth in legislation.” Each of us thus has the right to act in accord with his conscience but only doctors, nurses, and midwives can, in certain situations, invoke the conscience clause in the course of practicing their profession. Professional soldiers do not have such a right, such a privilege. (...) Thus someone who says that everyone has the right to a conscience clause is in error. [Such a person] baselessly identifies the moral right to freedom of conscience with the legislative right to a conscience clause (Szawarski 2014: 8).

In light of these precise findings and explanations of the differences between these two rights, Szawarski draws an important conclusion connected with the problem of the applicability of the conscience clause, writing that:

(...) No one has a monopoly on truth, wisdom, or doing good. Moral conflict and uncertainty are a natural property of the human condition and must be accepted as such. It is easier for us to understand and justify departure from the norms than to violate the right to life to which a human being is entitled. We say: do not kill, unless, perhaps, you are acting in self-defense. Do not kill, (...) In our traditional moral understanding there is a necessity to recognize exceptions from the prevailing rules. The question is how to recognize and morally justify the exception. (...) And the conscience of a fanatic does not know exceptions—there is no iniquity that can not be committed in the name of the cause and in the name of a clean conscience. And there is one more thing—my conscience concerns solely and exclusively my own behaviour. My conscience does not say anything about how you should behave in the specific situation (Szawarski 2014: 8).

If no one has a monopoly on truth, wisdom, and doing good, does that mean that religious and Church institutions also do not have it, and if they ascribe it to themselves, what constitutes the basis for such a claim? Is supporting such a claim by reference to ‘divine right’ or ‘God’s will’ a sufficient argument for all people, including those who are not believing or not religious? This is not a very convincing justification and it will thus produce doubt and give rise to questions requiring other answers. In the opinion of secondary school and university students, should a doctor, by recourse to the conscience clause, be able to refuse to perform in vitro fertilization for infertile couples?

Table 5

**The Respondents’ Moral Appraisal of Doctors’ Recourse to the Conscience Clause
In Regard to In Vitro Fertilization**

Use of the conscience clause	Women		Men		Secondary School Students		University Students		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
Unconditionally	57	11.2	38	10.2	59	12.9	36	8.4	95	10.8
Conditionally	134	26.4	83	22.2	126	27.6	91	21.4	217	24.6
On no condition	250	49.1	193	51.6	200	44.0	243	57.0	443	50.2
No opinion	43	8.6	39	10.4	43	9.4	39	9.2	82	9.3
Lack of data	24	4.7	21	5.6	28	6.1	17	4.0	45	5.1
Total	508	100.0	374	100.0	456	100.0	426	100.0	882	100.0

Source: own research.

The data contained in **Table 5** shows that moral appraisals of doctors' use of the conscience clause to refuse infertile couples the right to parenthood by the in vitro method vary considerably across the collective studied and in its specific categories. What is noteworthy is the dominant percentage of respondents (50.2%) who openly and uniformly claim that the use of this clause as a subjective religious-moral approach by a doctor in refusing to perform in vitro fertilization is absolutely impermissible. These respondents point out that in such a case the doctor prefers his or her own subjective religious feelings and moral stance, while consciously overlooking the good of other people, who are in a very difficult life situation and in urgent need. They place their own good above the good of other people. The respondents expressed their own opposition to such behaviour in more in-depth responses:

This ridiculous clause is, in my opinion, contrary to the doctor's profession, to its main aim, because it means refusing to give aid to a sick person. Infertility is a civilizational disease, which can—and definitely should—be treated successfully. In vitro fertilization ensures a cure, that is, conception and the birth of a child to parents who are unable to have one in the natural manner (woman, 21).

I wonder if doctors could hide behind that clause if they were working in some other, civilized, country? I think they would never think of it but would try to perform their task as well as possible, in accord with the medical art (man, 23).

Refusal to treat the infertility of a woman by the in vitro method, which has been widely shown to be effective, is an example of the immorality and religious backwardness of the doctor. I hope, though, that not all doctors behave that way (man, 19).

Such opinions, which dispute use of the medical conscience clause in regard to in vitro fertilization, are shared by every second respondent in the given population, including 49.1% of women and 51.6% of men, 44.0% of secondary school students and 57.0% of university students. For these respondents, the most important is human good—the need of couples or other infertile persons to have biological children—and the personal attitude of a religious doctor to in vitro fertilization, as manifested in use of the conscience clause, is unimportant. The basic task of the doctor, in the opinion of these respondents, is to help people who are in need and are affected by various diseases, including those affected by infertility. As the respondents often claim in their statements, in refusing such help for religious reasons or the subjectively interpreted ethical prohibitions of the Church, the doctor loses the confidence of his or her patients and the right to practice his or her profession and perform his or her social mission.

On the other hand, we notice that 35.4% of respondents, including 37.6% of women, 32.4% of men, 40.5% of secondary school students, and 29.8% of students, claim unequivocally or with reservation, that a doctor has the right, if his religiously formed conscience requires it, to refuse the treatment of certain diseases or to fulfil the wishes of a patient, because the voice of the doctor's conscience is more important than the will and need of the patient in regard to treating her condition. In vitro fertilization, as a morally evil act, contrary to natural law and the moral teachings of the Catholic Church, is an example of an illness for which the application of a conscience clause by a doctor is, in the opinion of these respondents, morally justified and practically indicated.

This percentage of respondents is fully convinced (10.8%) or largely convinced (24.6%) that a doctor should be able to follow the voice of his or her conscience in regard to in vitro

fertilization and in the case of other diseases connected with saving an artificially conceived human life, and they express these views in their statements:

A doctor has the right to behave thus in the case of artificial in vitro conception, and to refuse the requests or demands of infertile patients. Nor must the doctor send them to other doctors, because then he would be forcing them to perform an immoral act, which he would not undertake. I support the use of this clause by a doctor in case of necessity (woman, 21).

I am a practicing person [Catholic] and I do not accept this method of treating infertility in women, because it is immoral and counter to natural law (woman, 22).

To what degree does a moral appraisal of the medical conscience clause depend on the religious faith of the respondents (or their lack of, or indifference to, religion)?

Table 6

The Respondents' Religious Faith (or absence thereof) and Their Moral Appraisals of the Use of the Medical Conscience Clause In Regard to In Vitro Fertilization

Declarations of the respondents	Use of the medical conscience clause in regard to in vitro fertilization							
	Permissible		Prohibited		No opinion		Total	
	Number	%	Number	%	Number	%	Number	%
Believing	223	45.5	196	40.0	71	14.5	490	100.0
Non-believing or neutral	89	22.7	247	63.0	56	14.3	392	100.0
Total	312	35.4	443	50.2	127	14.4	882	100.0

Source: own research. (For this table Kendall's coefficient $Q = 0.519$ and signifies an important dependence between the variables in the middle range.)

In analyzing the data in **Table 6** we observe that religious faith and lack of faith have a fairly large influence on the respondents' appraisal of use of the medical conscience clause in regard to in vitro fertilization. The respondents who are deeply or traditionally believing are twice as likely as non-believing or religiously neutral respondents to accept the use of the medical conscience clause in regard to in vitro fertilization; the difference between the percentages is 23 points.

More non-believing or religiously neutral respondents than believing respondents questioned the right to a conscience clause for doctors in regard to refusing to perform in vitro fertilization, and the difference between their percentages was 22 points. At the same time, the research shows that two fifths of believing respondents oppose the use of the medical conscience clause to refuse to perform in vitro fertilization, but over one fifth of the non-believing or religiously neutral respondents approves of its use in this situation (in vitro fertilization to treat infertility). These figures show the lack of homogeneity in the attitudes of secondary school and university students (as believing persons or non-believing or religiously neutral persons) in relation to the use of the medical conscience clause in regard to in vitro fertilization. Their attitudes to this question are differentiated to a lesser degree by gender and type of school, although these differences should not be underestimated in an analysis of their effect on the attitudes of the respondents to this method of treating infertility.

Conclusions

In conclusion, it should be noted that the predominant majority of secondary school and university students participating in the study are opposed to the religious and moral restrictions of the Catholic Church concerning in vitro fertilization and its use in the case of infertile couples who are deprived by nature of procreative abilities and who desire parenthood (which they hold to be a highest value and fundamental aim). This method of treating infertility, in the opinion of these respondents, gives such couples an opportunity to achieve this aim and to fulfil their dreams of parenthood. At the same time, the Church questions the sense of in vitro fertilization and prohibits its practical application in the treatment of infertility.

The respondents do not consider the Church's approach to the problems of people deprived of procreative abilities to be either logical or morally and existentially justified. The Church and its ethical system are supported in this regard by not quite one third of the secondary school and university students who declare themselves to be Church members. In vitro fertilization, in the opinion of three fourths of the respondents, is not a morally evil or sinful act, and thus should not affect the conscience of the couples or doctors involved in its use. A similar majority of respondents opposes the medical conscience clause and its use to refuse infertile couples access to in vitro fertilization.

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