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HUMAN AFFAIRS *24*, 363–375, 2014
DOI: 10.2478/s13374-014-0234-9

# INFERTILITY AND ASSISTED REPRODUCTION TECHNOLOGIES THROUGH A GENDER LENS

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**Abstract:** We live in an era when increasing numbers of babies are conceived through assisted reproduction technologies (ART). Using a comprehensive approach, the present research seeks to contribute to the understanding of gender differences in experiencing and coping with infertility, and in dealing with ART treatment. Our sample consisted of 10 heterosexual couples aged 24 to 43 and the data were collected through semi-structured interviews. In the studied sample, gender differences existed not only in experiences of infertility, but also in understanding it, and in dealing with ART treatment. Responses to stress caused by infertility were stronger in women and they also perceived this stress more intensely than men. For women the central aspect of infertility was the desire for a child, while for men it was perceived more as a socially imposed obligation to fulfill the male role.

**Key words:** experiencing infertility; gender differences; assisted reproduction, Czech Republic.

## Introduction

Talking about fertility problems may have been taboo some decades ago, but the high prevalence of fertility issues means that they are now openly discussed. Infertility is a complex biological, psychological, and social phenomenon. For this reason, infertility cannot be approached exclusively as a physiological inability to conceive. To understand the complexity of impaired fertility, the psychological and social dimensions must be included.

When approaching infertility as a bio-psycho-social crisis, it becomes apparent that research into the psychological aspects takes on great importance. In our opinion, research findings of this kind should be an integral part of a comprehensive approach to ART treatment and, even more importantly, should provide a solid theoretical basis for the creation of counseling and psychotherapeutic programs.

## Prevalence of infertility

Most experts define infertility as the inability to conceive after at least one year of unprotected intercourse. Women who are able to get pregnant but then have recurrent miscarriages are also said to be infertile. According to WHO, globally 48.5 million people of

reproductive age are affected by infertility (Mascarenhas et al., 2012; WHO, 2010). However, due to population growth it is expected that these estimates have increased during the last three years. In the Czech Republic, infertility affects 15% of couples of reproductive age (ČTK, 2013). It is worth pointing out that these statistics only include couples seeking ART treatment. Nevertheless, there are couples that do not take advantage of medical technologies (e.g. due to their religious beliefs) and therefore cannot be included in these official statistics.

In the Czech Republic, the use of the ART has rapidly increased in recent years; not only because of the current trend for postponing parenthood to a later age, but also due to so-called medical tourism. Increasing numbers of foreigners seek health care services, and assisted reproduction in particular, in the Czech Republic. The predominant reasons are: (1) Czech law allows for anonymous sperm and egg donation, which is forbidden in some European countries (e.g. Germany and Austria); and, (2) the cost of treatment is up to 50% lower while the quality and conditions are comparable to other western countries (NRAR, 2013).

There are two types of infertility: (a) *Primary infertility:* where a couple have never had children, or have been unable to achieve pregnancy after one year of having unprotected sexual intercourse; (b) *Secondary infertility:* where a couple have had children or achieved pregnancy previously, but are unable to conceive at this time, even after one year of having unprotected sexual intercourse.

The reasons for infertility may involve one or both partners. In about one third of cases, the cause of infertility involves only the male. In about another third of cases, fertility problems affect only the female. In approximately 25% of cases, the cause of infertility involves both the male and female. In the remaining 10%, no objective cause can be identified (Boivin, Griffiths, & Venetis, 2011; Harvard, 2009; WHO, 2013).

**Infertility, ART, and psychological distress**

Infertile individuals are not necessarily more likely to exhibit psychopathology than non- infertile ones, but they do seem more likely to experience higher levels of distress than comparison groups (Boivin, Griffiths, & Venetis, 2011; Eugster & Vingerhoets, 1999; Jacob et al., 2007; Schmidt, 2009). A number of measures of fertility-specific distress have been developed (see Abbey et al., 1991; Hjelmstedt et al., 2004; Jacob, McQuillan, & Greil, 2007), but none of these measures has achieved the status of a standard measure.

The negative consequences of infertility depend on several factors including motivation to become a parent, experience of being raised in the primary family, personal factors and shared values and cultural and social norms in a relationship, and so forth (Prasanta & Swarnali, 2010). Since infertility is not visible or life threatening, it results in silent suffering, referred to by some authors as *reproduction trauma* (Covington & Burns, 2006; Diamond, Jaffe, & Diamond, 2005). The emotions typically associated with long-term infertility include anger, anxiety, loss of control, perceived personal failure, and social inferiority (Jacob, McQuillan, & Greil, 2007). Feelings of grievance, guilt, and envy are also common (Boivin, Griffiths, & Venetis, 2011).

There is evidence to suggest that infertile individuals seeking ART treatment find the treatment experience highly stressful. Redshaw et al. (2007) found that patients report

feelings of having little control over the treatment. Participants in their study described their experience of fertility treatment as an engulfing situation that dominates their daily routine. Several studies have shown that patients feel intimidated by the language of reproductive medicine and by the technical aspects of infertility treatment (e.g. Becker et al., 2005; Culley et al., 2006).

**Gender differences in experiencing infertility**

Although infertility is conceptualized as a stressor affecting the couple as a unit, it is obvious that there are gender differences not only in the experience of infertility, but also in how it is cognitively processed, and in dealing with the ART treatment. Psychological studies usually examine two areas: specific gender differences in perceiving and experiencing infertility-related stress; and gender-specific coping strategies used by women and men to deal with this stress.

Infertility and treatment affect both partners within the couple, yet the majority of psychological research has focused on the experiences of women only. A large body of research has shown that fertility difficulties are commonly associated with negative emotional reactions (e.g. Holter et al., 2006; Jacob, McQuillan, & Greil, 2007; Jordan & Revenson, 1999), with women being more severely affected than men. Compared to men, women perceive infertility-related stress as more intense, it usually has a higher impact on self-esteem, and women generally tend to suffer from more psychosomatic problems (Abbey, Andrews, & Halman, 1991; Becker, 2000; Gibson & Myers, 2000; Hjelmstedt et al., 1999). Furthermore, women seem to experience higher levels of anxiety and depression (Pasch, Dunkel-Schetter, & Christensen, 2002; Peterson et al., 2006). Given these facts, the overall impact of infertility on quality of life is more substantial in women than in men.

Some authors found gender differences in motives for parenthood. Berg, Wilson, & Weingartner (1991), and later Strauss (2002), found that becoming a mother is more important for women than becoming a father is for men. A significant majority of male respondents in these studies described their attempts to fulfill their partner's wish as motivation for becoming a parent. This motivation was observed exclusively in male participants; women's motivation seemed to be rooted more in deep internal needs and to be closely associated with the meaning of the partner relationship. As Abbey et al. (1991) reported, there are also gender differences in attributing the cause of infertility. In their study women tended to attribute the cause internally as a sense of personal failure, whereas men attributed fertility problems to an external source.

Hjelmstedt et al. (1999) found that if the man is diagnosed with infertility, the diagnosis has a greater psychological impact than it does if the woman is found to have fertility problems. However, the stress that women experience seems not to depend on which partner is diagnosed with infertility (Peterson et al., 2006). According to the authors, infertility-related stress in women originates from perceived social pressure to bear a child. Similarly, White et al. (2006) describe the infertility-related stress experienced by women to be more general and interferes with a wider spectrum of life.

Jordan & Ravenson (1999) and Shapiro (2009) identified gender specific coping strategies that individuals use when dealing with infertility and treatment. Women tend to

employ more emotionally-oriented coping strategies, e.g. active retrieval of social support, whereas men prefer problem-oriented strategies.

Stanton & Dunkel-Schetter (1991) identified the role social support plays in coping with infertility. Solid social support is an important factor in helping women deal with infertility. On the contrary, men do not actively seek this kind of support, and often perceive the efforts of those who seek to provide it negatively. During ART treatment, it is essential for women to share their emotions and worries. Men often react by denying their own emotions so that they stay strong and able to support their partners (Diamond et al., 2005).

These research findings show that both infertility and the ART treatment are substantial sources of stress for women as well as for men. However, the nature and perceived intensity of stress are ordinarily gender specific. Our research seeks to contribute to the understanding of gender differences in experiencing and coping with infertility, and in dealing with ART treatment.

## Methods

### *Research aims and research questions*

The central aim of the present study was to explore attitudes towards infertility and ART treatment in women and men currently or previously undergoing fertility treatment.

The following general research question was defined: How do men and women experience or have they experienced ART treatment?

In addition, other more detailed research questions were defined to create the boundaries and structure of the interview, specifically: Which attitudes to assisted reproduction do men and women share in common, and which are gender specific? While deciding whether to undergo assisted reproduction, which motives are crucial to men and which to women? What degree of importance do men and women attach to social support and what kinds of support do they prefer? Do men and women consider ART treatment to have had any impact on their partnership? How do men and women retrospectively appraise their decision to undergo ART treatment?

### *Methodological framework*

A qualitative approach was used. In order to gather the data, we constructed a semi-structured interview consisting of several thematic parts, specifically: *"The story of infertility", Opting for ART treatment, The process of fertility treatment,* and depending on the situation of the couple *Hindsight* or *Looking into the future*.

Given the very personal nature of the topic and the specific nature of the population under study, convenience sampling was used to reach the participants. Potential respondents were asked to participate through Czech infertility-related online discussion forums. Those interested in participating contacted the author and arranged a personal meeting. The meetings took place in a confidential atmosphere at a place of the participant's choosing, e.g. at their homes, if preferred, or while on country walks. First of all, contact was established through general social conversation and a safe climate was created. During the interviews, a

general framework was used. This was an informal grouping of topics and questions that the interviewer could ask in different ways with regard to the situation, which helped to focus the interview on the topic yet did not constrain the interview to a particular format. In principal, general issues were discussed first, followed by more personal topics. Interviews were drawn to an end by thanking the participants for their help.

Since infertility affects the couple as a unit, we conducted the interviews with both partners together. The joint interview design was based on research by L. Glover, A. McLellan, & S. M. Weaver (2009), who used it to access the relationship dynamics induced by infertility.

### *Ethical issues*

All respondents participated voluntarily. Due to the intimate nature of the topic, it was stressed that that participants would have absolute anonymity, that information would be handled carefully and that primary data would not be shared with third parties. All names and any information that could have meant possible identification were changed when the data were transcribed. There was no financial compensation or other reward for participation in the study.

### *Sample characteristics*

The sample consisted of 10 heterosexual couples aged between 24 and 43 years of age, where the average age was 36.5 for men and 33.2 for women. Eight of the couples were married and the other two cohabited. Four couples had experienced an unsuccessful cycle of fertility treatment. In five couples the cause of infertility was gynecological, in two couples andrological, in one couple both partners suffered from impaired fertility, and two couples were diagnosed with idiopathic infertility. Three couples were childless, two were expecting their first baby, two couples already had one child, two couples had two children, and one couple had three children. No additional criteria for sampling were set, other than having experience with infertility and ART treatment either in the present or in the past, regardless of the outcome of treatment.

Clearly, there were significant differences in experiences of ART among couples that already had children, those that were expecting children, and those who were childless. We believe that this variety allowed us to better understand how the experience of infertility develops over time and through the course of treatment.

### *Data analysis*

Interviews were recorded and transcribed afterwards. Constant Comparison Analysis was used for the data analysis (Glasser, 1965). When coding, we first of all distinguished overall themes and then assigned a more in-depth, interpretive code to interpret more specific trends and patterns. Once these multilevel codes had been assigned, similarly labeled parts of the interviews were identified and brought together. Finally, patterns, connections, or distinctions between the categories were examined. In the analysis, a meaning-focused approach as

presented by Fossey et al. (2002) was used in order to understand the subjective meaning of the participants' experiences. QDA Miner Lite 1.2.2. qualitative data analysis software was used.

## Results

There were differences in the content of statements by the women and men interviewed. The women had no difficulty in speaking openly about their experiences of infertility, whereas the men limited their statements to the factual aspects of the treatment. This can be seen as an attempt to maintain control over a potentially threatening situation, which is undoubtedly the case with an open conversation about experiences of infertility. In the section that follows, the abbreviations of F and M are used to indicate female and male participants, respectively, in the illustrative extracts.

### *Attitudes towards ART treatment*

The women and men interviewed agreed that the woman's role during fertility treatment was significantly more active and demanding, whereas the man's role was perceived as more passive. This may be illustrated by the fact that, amongst the couples studied, it was typically the woman who had initiated the visit to a fertility specialist and had signed up for treatment. Also, the women were more active in searching for information related to infertility and treatment options.

> F: *We tried for 6 months and it was starting to make me nervous. I feared that something was wrong… so I spent hours on the Internet searching. Discussion forums where women like me shared information about fertility clinics etc appeared to be most helpful.*

It seems that not only at the beginning, but also during the whole course of treatment, interviewed women remained more active and adopted the role of *"manager"*—they planned and managed the entire process. They also took control over the couple's sex life by deciding on the correct timing, and so forth. The men described their participation in the treatment as that of *"passive bystander"*, whose main task was to support the woman. In contrast to the women, the men emphasized the importance of maintaining a rational and pragmatic attitude.

> M: *It was clear to me that I had to stay strong to be there for my wife. I knew I couldn't allow myself to go into meltdown, I knew I couldn't leave her on her own.*

It was noticeable that the women often adopted a protective attitude towards their partners in order to prevent them from being overwhelmed by treatment-related information, and to sparingly prepare them for potentially stressful and painful fertility examinations. Some women even restrained their emotions so as not to jeopardize their relationship and to ensure the man's cooperation during treatment.

> F: *It was as if a red light had started flashing in my head alerting me that I should take a step back and give him some space. I felt I had to assure him it wasn't just his problem, but our problem.*

The women and men agreed that ART treatment is a very stressful and difficult part of life. The women often likened experiencing infertility to an *"emotional rollercoaster"*, illustrating the dynamic shifts between positive and negative emotions—with the arrival of their period, their anticipation of a much wished for successful treatment outcome turning into deep sorrow, and feelings of loss and personal failure.

The decision to undergo ART treatment was perceived by women and men alike as an attempt to regain control over the situation and their lives.

F: *I hate it when there is nothing I can do. I like to organize my life and plan what's coming next. It's killing me that there is nothing left to do but sit in the corner and wait so see how it eventually turns out.*

Some female respondents also described how over time infertility had become a central theme in their lives. Infertility, they claimed, meant they did not live but lingered on instead. With regards to infertility, the men described dissatisfaction with family life, but all of them were able to maintain at least some of the activities that brought them joy (e.g. sport).

M: *It may sound selfish, but the only thing that buoyed me up at that time was Friday night basketball with the guys from work… only then was I able to relax.*

The woman saw motherhood as representing an ability to fulfill a woman's role; the men saw it as the ability to conceive offspring, symbolizing their masculinity.

M: *The ideal man is not only successful at work, but is also the perfect husband and a great father. But what if he can't have children?*

Participants who had already undergone at least one cycle of ART treatment appraised it positively, regardless of the outcome. Couples that conceived through ART were grateful for advances in contemporary reproductive medicine; those whose cycles were not successful believed that ART would bring them a much wanted pregnancy in the future. All the couples perceived fertility treatment as being the last and only way of becoming parents.

F: *Our first cycle failed. There's nothing left but to hope that the next one will be successful.*
M: *My condition means that ART is the only way we can have a child together.*

The women as well as the men perceived infertility and its treatment as a very difficult life period full of stress and uncertainty. All the participants described the positive impact infertility had had on their personal values and attitudes, not only towards their partners, but also on their general opinions about life.

F: *I see things differently. Now I know what is truly important and what is not.*

### *Attitudes towards parenthood*

The women were more open to other alternatives on how to become parents (e.g. adoption), whereas men could more easily imagine a childless life. The men attached greater importance to having a biological tie with a child, whereas for the women it was fulfilling the social role of mother that was more important. The longer the couple were unable to

conceive and the more unsuccessful cycles of ART treatment they had, the more open they were to considering a "back-up plan" in the sense of adoption or a childless life.

> M: *I could never imagine raising an adopted child. But after three failed cycles something changed and I started to think about it as an option.*

A deeply rooted desire to have a child and become a caring mother was noticeable in the women's statements. In the men's statements, an attempt was clearly made to satisfy their partner and fulfill their wishes. Also, becoming a mother was more important for the women than becoming a father was for their partners. A central aspect of infertility for the women was a desire for a child, whereas in the case of the men, it was perceived more as a socially imposed obligation to fulfill the male role.

> F: *A childless life scares me. After all, bearing a child is the only true task a woman has, isn't it?*

Reactions to the results of the semen analysis were very interesting. An unfavorable male fertility test outcome led to two types of behavior amongst the men interviewed. They either played down the significance of the problem or actively sought to improve their condition. Some men described how unexpected the diagnosis of impaired fertility had been. In such cases, they needed to accept the fact and deal with it in their own time. Whatever the reaction of the man, all partners of men diagnosed with infertility agreed that they would have preferred it if they had had the fertility problem. Then the whole process of treatment, they stated, would be in their control and they would be fully responsible for it.

> F: *It would be better, if the problem was with me… I think women generally deal with infertility better, they are more committed.*

### *The role of social support*

Women and men perceived the experience of infertility as unique and nontransferable—they were therefore concerned that people who have no such experience would not understand them. However, it was obvious that the women were much more open to sharing their feelings and worries than their partners. It was crucial for the women to find a person they could confide in.

> F: *The discussion forum has been my biggest source of support. A group of women with the same problems chat together … we share our experiences of different examinations and ART treatments, we share feelings that our husbands wouldn't understand, we comfort and support each other, … in a word it is invaluable.*

Compared to the women, the men preferred a more instrumental form of social support, including practical treatment-related information. By contrast, the women favored emotional social support providing understanding.

Social pressure is closely related to the issue of social support. All female respondents stated they had felt uncomfortable and hurt by pressure from families and friends, such as confrontational questions and insinuations about starting a family, and in some cases they felt

it was unbearable. The men also found this kind of pressure displeasing, but were able to rise above it—this coping strategy functions like a buffer protecting them from being hurt.

F: *I knew she didn't mean it in a bad way… but when she would say she couldn't wait to become a grandma, I had to give her the brush-off and leave the room to wipe my tears away.*

*Impact of infertility and treatment on the partnership*

The quality of communication is fundamental in a partnership. There was a noticeable difference in the meaning the women and men ascribed to communication. Women perceived it as an effective instrument for releasing emotions, whereas men saw it more as a process, through which they were able to manifest their support for the woman.

The participants described two possible scenarios of how infertility would impact on the relationship. Infertility was either so burdening that it paralyzed and eventually destroyed the partnership or, vice versa, it brought partners closer together and strengthened their bond.

Sexuality was an important aspect of couples' lives that had been impaired by infertility. If the couple had unsuccessfully been trying to get pregnant for a long time, the spontaneity slowly disappeared from the couple's intimate life. Instead, sexual intercourse was planned almost entirely in relation to the woman's menstrual cycle. The women were willing to give up the joy whilst pursuing their dream of becoming pregnant, whereas their partners thought timed sexual intercourse was demeaning and wrong.

M: *If you haven't experienced timed sex, you can't imagine what it's like only having sex when there is a little cross on the calendar and when nothing is important but her temperature …*

The women and men described several crises caused by infertility and its treatment. The first appeared when the couple realized that the woman was not getting pregnant even after months of trying. The other was prompted by fertility testing and identifying the problem. There were then a number of crises during the course of ART treatment, e.g. an unsuccessful artificial insemination cycle or miscarriage.

F: *It was like thousands of small crises within one big one.*

The greatest conflicts between the couple were different beliefs as to how the couple's situation should be handled and solved. While the women planned sexual activities, decided when the couple should have treatment and chose the fertility clinic, it was the men who had the *"veto privilege"* in selecting particular courses of treatment and alternative ways of becoming parents. The most vexing issues were whether to opt for sperm or egg donation or adoption.

F: *We argued for about 6 months, because I wanted to apply for adoption, and my husband couldn't imagine it. Whenever we touched on the issue, it ended in a fight.*

All couples agreed that if the partnership was to survive the crisis caused by infertility, all decisions on treatment would have to be made jointly by both partners, so that neither of them felt they were being pushed into something they did not agree with or had concerns about.

## Discussion

Most of those currently studying the psychological aspects of infertility agree that it has a tremendous impact on the person's life. Although psychological research on infertility has taken off due to a rapid increase in the prevalence of infertility and advances in reproductive medicine, most of the studies have been based exclusively on data from women. Only a few studies take into account gender specific experiences of infertility (e.g. Glover, McLellan, & Weaver, 2009; Hadley & Hanley, 2011; Hjelmstedt et al., 1999; Johnson & Johnson, 2009; Pasch et al., 2002; Perkins, 2006; Peterson et al., 2006; Shapiro, 2009; and Slepičková, 2009).

The present study seeks to contribute to the understanding of gender differences in experiences of infertility and in coping with ART treatment. In our sample, there were gender differences not only in experiences of infertility, but also in the way it was cognitively processed, and in the way in which ART treatment was dealt with. Like Abbey et al. (1991), Becker (2000), and Gibson & Myers (2000) we found that responses to stress caused by infertility were stronger in women. The women also perceived this stress more intensely than men. Pasch et al. (2002) and Peterson et al. (2006) also had similar findings and suggested two for this phenomenon. The first one postulates that a woman's desire to bear a child is stronger than a man's desire for parenthood. The other one suggests that ART treatment is much more of a burden for women than for men, both physically and psychologically.

### *Research limitations*

Caution should be exercised regarding the methodological framework of the study. First of all, due to the methodology used, it is apparent that the implications of our findings are limited. Second, the couples interviewed in this study were not randomly sampled. Convenience sampling was used instead, limiting the potential to generalize the results. Third, the parental status of the couples varied—some already had children, some were expecting their first child, and some were childless. It is possible that these couples will have diametrically different attitudes towards ART treatment. Nevertheless, we believe that this particular variation allowed us to understand how attitudes towards ART differ at various stages of treatment—couples that conceived through ART were grateful to advances in contemporary reproductive medicine; those whose cycles were not successful and those that were just at the beginning of treatment believed that ART would bring them a much wished for pregnancy in the future. Fourth, we are aware that data obtained by interviewing volunteers only may be influenced by personal characteristics that might be peculiar to highly motivated individuals. Fifth, one might question the use of joint interviews for gathering data. As mentioned above, we conducted the joint interviews with both partners since infertility affects the couple as a unit. If the interviews had been conducted separately, we might have explored more deeply attitudes towards the other partner and the partnership. On the other hand information gathered through joint interviews might have been more influenced by social desirability.

*Implications of results*

The possible implications of our findings relate to the practical side of reproductive psychology. We believe that our study could be the basis for future, more comprehensive and generalizable research, the findings of which could be applied to counseling or psychotherapy with couples at all stages of fertility treatment.

*Future research*

In our future research, we would like to overcome at least some of the limitations of the present research design. As a future research project, we would like to conduct a quantitative study of gender aspects of infertility and its treatment using a much larger sample, where it would be possible to generalize the findings and provide a solid theoretical background for psychological work with infertile couples in the Czech context.

## Conclusions

In the sample studied, there were gender differences not only in experiences of infertility, but also in the way in which it was cognitively processed, and the way in which ART treatment was dealt with. Responses to stress caused by infertility were stronger in the women. They also perceived this stress more intensely than men. For the women, the central aspect of infertility was the desire for a child; while for the men, it was perceived more as a socially imposed obligation to fulfill the male role.[1]

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[1] Acknowledgement: We thank all the participants, who kindly shared their stories with us.

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