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Becoming a parent as a lesbian in Poland: an autoethnographic narrative

Abstract
This chapter is an attempt to achieve an in-depth understanding of the actual situation of homosexual couples in Poland who decide to have a child. In Poland, infertility treatment is available only to male-female couples, and discriminatory attitudes towards homosexual persons are widespread. Using the method of autoethnographic narration, through a personal narrative that describes our experience of becoming parents as a lesbian couple, I discuss the legislation, norms and micro-practices which constitute discrimination of non-heterosexual persons in access to reproductive healthcare services. In conclusion, I provide some recommendations concerning both the normative, i.e., legal and ethical regulations, and the interpersonal – especially in relation to the cultural competences of healthcare professionals – levels to ensure non-discrimination and equal access to reproductive healthcare services for LGBTQIA+ persons.

1. Background

According to the European Convention on Human Rights, men and women of full age have the right to marry and form a family; they must not be subjected to arbitrary interference with their privacy and family, and they have the right to equal access to public services in their country.[1] National interpretations of these rights differ in terms of legislation, cultural norms, policies and practices. The crucial

[1] European Convention on Human Rights, as amended by Protocols Nos. 11, 14 and 15, supplemented by Protocols Nos. 1, 4, 6, 7, 12, 13 and 16. https://www.echr.coe.int/Documents/Convention_ENG.pdf (accessed on 7.2.2023).

differential aspects are the definitions of marriage and family. The Constitution of the Republic of Poland claims, in contrast to the European Convention's less static definition, that marriage is a union of a man and a woman.[2] The Polish Act on Infertility Treatment of 2015 restricts access to infertility treatment to only male-female couples.[3]

This paper is an attempt to undertake an in-depth discussion of the actual situation of homosexual couples in Poland who decide to have a child. This will be achieved by a self-reflective narrative which offers not only a personal perspective but also helps understand what it feels like to be a homosexual person seeking to have a child in a particular social and legal environment. The social context of such a decision is well-illustrated by the statistics, which reveal that over 30 % of Polish citizens agree with the statement that homosexual persons pose a threat to everything that is good, moral, and normal within society, and are also a threat to the Polish family.[4] More recent research shows that attitudes towards homosexual persons in Polish society are getting worse.[5]

The majority of children raised in homosexual families in Poland come from previous heterosexual relationships. Lesbians who decide to become parents while already in a relationship achieve this with donor semen from an acquaintance. This procedure is carried out outside the healthcare system. Non-heterosexual parents who seek clinical assistance with conceiving can thus be considered a minority within a minority.

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[2] 2 Konstytucja Rzeczypospolitej Polskiej z dnia 2 kwietnia 1997 [Constitution of the Republic of Poland of 2 April 1997]. In: Journal of Laws of the Republic of Poland (1997), no. 78, item 483, with amendments. Translation: http://www.sejm.gov.pl/prawo/konst/angielski/kon1.htm (accessed on 7.2.2023).

[3] 3 Ustawa z dnia 25 czerwca 2015 r. o leczeniu niepłodności [Act of 25 June 2015 on Infertility Treatment]. Consolidated text. In: Journal of Laws of the Republic of Poland (2020), item 442.

[4] Paulina Górska, Małgorzata Mikołajczak: Postawy wobec osób homoseksualnych [Attitudes towards homosexual people]. Warszawa 2014, here pp. 2–3. http://cbu.psychologia.pl/wp-content/uploads/sites/410/2021/02/Postawy-wobec-oso%CC%81b-homoseksualnych-PG-MM-ST-poprawiony.pdf (accessed on 7.2.2023).

[5] Paulina Górska: Efekt »tęczowej zarazy«? Postawy Polaków wobec osób LGBT w latach 2018–2019 [»Rainbow plague effect«? Attitudes of Poles towards LGBT people in 2018–2019]. Warsaw 2020, here pp. 2–5. http://cbu.psychologia.pl/wp-content/uploads/sites/410/2021/02/LGBT_2018_2019_final.pdf (accessed on 7.2.2023).

2. Autoethnographic narrative as a method

This chapter relies on the method of autoethnographic narration, in which a self-reflective story connects to wider socio-cultural and political insights.[6] Through a personal narrative on our experience of becoming parents as a lesbian couple, I will discuss the legislation, norms and micro-practices which constitute discrimination of non-heterosexual persons in access to reproductive healthcare services.

The autoethnographic method is recognized and applied in research on the LGBTQIA+ community and in family research.[7] It helps to explore specific and personal experiences in a heteronormative milieu, such as lesbian couples' attempts to conceive a child with the use of donor semen from a sperm bank. With its reflexivity and subjectivity, this method provides a detailed insight into the multi-layered experience of intersectional discrimination.

Of course, this method is limited due to its lack of representativeness. I am not claiming that the experiences of other lesbian parents are similar to ours, although I am convinced that the questions and dilemmas we have faced are comparable. We may differ in the decisions we have made as well as the importance and emotions we attach to them.

One of my biggest concerns while working on this topic was and still is the privacy and well-being of the people involved in my experience. My partner, with whom I shared the crucial parts of this experience, was the first reader of each paragraph I wrote. Many of the details I put into the text emerged from our conversations and shared memories. Nevertheless, the most important figure to whom I was referring in each sentence I wrote was our daughter. She is almost four years old now. We are not going to hide from her the story of how she came into the world, but it is crucial that the information she receives is suitable for her age. This will be a long and delicate process. While writing this paper, I very often imagined her reading it as a 12-year-old person as I think that this is the age at which she would be able to read this text by herself and understand it; this was a kind of benchmark for me in deciding what and how to write. I hope we will prepare her

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[6] Tony E. Adams, Jimmie Manning: Autoethnography and family research. In: Journal of Family Theory and Review 7 (2015), pp. 350–366; Stacy Holman Jones: Autoethnography. In: George Ritzer (Ed.): The Blackwell Encyclopedia of Sociology. Malden, Oxford, Carlton 2007, pp. 355–357.

[7] Adams, Manning: Autoethnography and family (Note 6), pp. 350–366.

to receive this information, and giving this text to her to read will be part of the whole and complex process of informing her and helping her adapt to her origins.

There were things of importance in my experience that I decided not to write about. This was mostly because of the concern I had for my relatives and friends. I also do not reveal the names of the personnel and institutions that provided medical and clinical assistance to us in Poland as this might put some of them in danger due to the political and social situation here. I mention by name the Danish clinics we received assistance from because their national and European laws protect them well enough.

3. Our story

3.1. Doubts and fears related to reproduction decisions – before it all began

It took me almost twenty years to make this decision. To become a parent. Many people who consider becoming a parent – or face the fact that they are going to – struggle with fears, questions, and dilemmas. The experience of becoming a parent is very individual as it is based on the psychological structure of a person, their family, and the social environment. It is also based on certain cultural and legal backgrounds. Nevertheless, amongst the variety of individual experiences, there are some aspects of parenthood that appear to be the most common and overwhelming. These aspects may be revealed in questions like: Will the baby be healthy? Will I be a good parent? Is our relationship strong enough for us to make this decision, or am I strong enough to be a single parent? These were not questions I had asked myself before I decided to become a parent. There were two other questions that overshadowed the most obvious ones: Do I have the right to bring a person into the world who will be unsure of some part of their origins? Are we allowed, in moral terms, to consciously expose an innocent child to discrimination and hatred? Will we be able to protect them, or is this even possible?

The first question was the most profound as it considers the identity of a person: What makes us who we are? What are the essential constituents of self, without which it may be impossible to

construct a sufficient personhood? Is knowing your genetic origins one of these essential constituents? I cannot say that I have managed to answer these questions. Many lesbian couples resolve this problem by deciding to use semen from an acquaintance donor. Agreements between couples and donors differ: some may put the donor in the position of the father, while others consider him as an »important uncle«, or a friend of the family. These agreements are not always in accordance with Polish law, according to which the mother is the one who gave birth to a child;[8] the father, with all the legal consequences, is the one whose name is put on the birth certificate. Moreover, one cannot register a new-born child without putting the name of the father. The »father« section on the birth registration form must be completed; it cannot be left empty or filled out with »unknown«.[9] The man whose name is on the birth registration form must execute his parental rights and responsibilities, regardless of previous informal agreements between a lesbian couple and him. I strongly believe that when it comes to life and death, love, and parenthood issues, as a Polish poetess described it: »We know ourselves only as far as we've been tested«[10]. Previous bona fide agreements with the sperm donor may not stand if the two parties face real consequences of these agreements. And then there is the law and its execution, which in Poland may have a discriminatory outcome. A profound example of psychosexual orientation-based discrimination is the case X v. Poland in the European Court of Human Rights: four children were taken away from their mother by the decision of the Polish court, the main grounds for which was that the mother engaged in a lesbian relationship after her divorce from the father of the children.[11]

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[8] Ustawa z dnia 25 lutego 1964 r. Kodeks Rodzinny i Opiekuńczy [The Family and Guardianship Code, 25 February 1964]. Consolidated text. In: Journal of Laws of the Republic of Poland (2020), item 1359.

[9] Ustawa z dnia 29 września 1986 r. Prawo o aktach stanu cywilnego [Act on Registry Office Records Act, 29 September 1986]. Consolidated text. In: Journal of Laws of the Republic of Poland (2011), item 1264.

[10] Wisława Szymborska: Moment of Silence. In: Wisława Szymborska: Map. Collected and Last Poems, Clare Cavanagh, Stanisław Barańczak (trans.). New York 2015, p. 34.

[11] Polskie Towarzystwo Prawa Antydyskryminacyjnego: Discrimination in a custody case
based on a mother's relationship with another woman. http://www.ptpa.org.pl/site/assets/files/1915/x_v_poland_information_docx_1.pdf (accessed on 7.2.2023).

While struggling with the final decision, I knew myself well enough to be sure that when it comes to my own family – my spouse and child/children – I am, paradoxically, rather conservative: I want it to be me, my partner, and our child/children. The idea of »third parties« being involved was unbearable. Not only because of the justified fear of possible legal consequences, but also because of my psychological inability to include anyone except my partner in making crucial decisions connected to child rearing. I admire people who create so-called patchwork families. I believe that it is possible to live a happy life in various structures and relations, but a patchwork family is just not my way of doing it.

Once we agreed that an acquaintance donor was not an option, the other possibility for us was to use a sperm bank. A brief research of web content was enough to reveal the options: not only were extended donor profiles available, which offered detailed information about the donor's ancestors, physical and psychological profile, and photographs from his childhood, there was also a non-anonymous donor option. Cryos, one of the biggest sperm banks, helped us to overcome the biggest dilemma: knowing the genetic origins of our child. As we learned after the whole process, our intuitions and concerns about genetic origins matched the consensus in social sciences that overt sperm donation may be considered as a human right of a person born by heterological insemination.[12] Cryos offers a non-anonymous donor option: according to Cryos' procedure and Danish law, a child who is over 18 years of age and who was born thanks to a donor's semen may obtain information that identifies the donor.[13]

The second dilemma and the fears arising from it were strongly connected with our experience as lesbians living in Poland. Both my partner and I had been working as diversity trainers, conducting workshops and leading projects and actions related to equity and inclusion. We were aware of attitudes towards homosexual persons in Polish society. This knowledge did not only come from research and studies. We also worked with many different people, many of whom were employees of local and governmental institutions and non-governmental organizations. We worked with journalists, artists,

[12] Anna Krawczak: The law versus the need of children born through non-partner donation to know their own genetic heritage. In: Prawo i Medycyna 4 (2017), p. 43.

[13] Cryos: Non-ID Release and ID Release Sperm Donors. https://www.cryosinternational.com/en-gb/dk-shop/private/how-to/how-to-choose-a-sperm-donor/id-release-or-non-id-release-sperm-donors (accessed on 7.2.2023).

social workers, officials, teachers, librarians, students, activists, and so-called leaders from big cities and small villages all over the country. Although we were openly attacked only once – while walking and holding hands on a Warsaw street -almost every day we heard statements filled with misunderstanding and hate, very often from well-educated people who had social influence.

Homophobia in Poland is not only a traditional prejudice – homosexuality considered as a sin, something »against nature«. It nowadays has the appearance of what we call »violence in white gloves«. These attitudes are well described by statements like: »I'm tolerant and non-homophobic, but they should not be so loud and should keep their sexuality in their own homes; it's violation of my freedom if I have to be exposed to two men or women kissing«; or, »I have nothing against homosexuals, but we must not allow children to suffer by living in a family that is not accepted by society.« The quotations are verbatim or almost-verbatim quotations of many of the statements that my partner and I heard when conducting anti-discrimination workshops. For all of my conscious life, my main problem with homophobia has always been that it is hardly ever expressed directly to me. It was, and still is, a strange feeling of incomprehensible distance and mistrust, lost opportunities or relations, and a lack of sympathy. But I am an adult: I have made my decisions to live according to my feelings, desires, and beliefs. I am well equipped to deal with the consequences of my decisions. My child could not decide in what kind of family it would be born, but the consequences for the child could be the same or worse as actually being homosexual. The possible psychosexual orientation of the child has nothing to do with it. It is enough to have two mothers to be discriminated against by association.

Our approach to this problem was to focus on the aspects that we could influence. We could not change the world. We also believed that the most important factor for the child was the immediate environment. Therefore, we directed our efforts towards our families and friends: it took two years of discussions and overcoming crises before we finally felt that all the important people in our life were prepared and that the child would be welcomed by them. My father died five years before this process began. He was a man of principles, the patriarch of the family, a Catholic. He also was a crucial benchmark for me. When we decided to have a child, my mother said, »at least something good came from your father's death. Maybe I'm not a wife

anymore, but you will be a mother and I will be a grandma«. Would I have decided to become a parent if my father was still alive? I don't know, but this question provides no relief – it bothers me.

These struggles and hesitation reflected my emotional and intellectual state when approaching the process of becoming a parent. Even though the most important dilemmas and fears were somehow mitigated, I still felt like a person stepping on thin ice. Each challenge or problem, even the smallest one, could become a drama due to fundamental moral issues.

3.2. Getting knowledge – stepping into the underworld

My very first thought in relation to clinically supported reproduction for lesbian couples was the in vitro procedure. This came from common knowledge, such as newspapers and non-professional talks. I am still wondering why this association is so strongly based in the public discourse. I have one intuition: since the in vitro procedure is still recognized by the Catholic church in Poland as something against nature, then associating it automatically with lesbian parenthood makes worse discrimination, namely cross-discrimination, even more likely.

When my partner and I started to think about being parents, we were already aware that if there were no biological obstacles, then the in vitro procedure would not be necessary and we could consider a much easier and cheaper procedure: insemination.

At first, we looked for information about this on Polish websites. There was nothing, or almost nothing. Some web pages had been deleted before our research began. The most useful were American internet forums, where my partner compulsively looked for »success stories« and instructions. However, it was hard to get any practical knowledge from that source because the legal situation in the United States was incompatible with the Polish one. Our internet research was very chaotic and frustrating as most information came from non-professionals, and the names of effective supportive medicines were unrecognizable to us. One of the most confusing pieces of information we found while investigating support possibilities in Poland was that there was a gynecologist, a man, who sold semen and provided insemination in his own practice. The semen allegedly came from students of sport departments, and it was supposed to be very

cheap – around 150 euros. We never checked whether that was true. The more we searched, the less we understood.

Our very first conversation about medically supported reproduction was with friends from Love Does Not Exclude, a non-governmental organization committed to introducing marriage equality in Poland. We were given the contact details of a person from another organization whose goal was to support couples who are trying to become parents. I wrote to this person requesting contact, and a couple of weeks later we were invited to her home in the suburbs of Warsaw. In November 2016, late on a Sunday evening, we drove along dark and quite deserted muddy roads to find the place of our meeting. I remember feeling as if I was in a criminal movie. During our phone conversation before the meeting, this activist said it was a pity that we had not done it earlier, before 2015, when the Polish Parliament had adopted the law on infertility treatment. Due to this act, clinically supported reproduction could be offered only to man-woman couples; since that time, she and her organization were not allowed to openly support lesbian couples or single women with clinically supported reproduction. Searching for information and support was hence like stepping into the underworld.

We got a lot of information from this NGO activist. I was overwhelmed and afraid that I would miss something or forget; I tried to make some notes, which was difficult because I was shaking and my body was stiff from tension. She told us that some gynaecologists were trying to help couples like ours. She gave us the name of one of them and told us to be cautious and discreet. We should not go together to the clinic; my partner should not talk too much at the registration desk, especially about our relationship and plans. The next part of the story I know mostly from what my partner told me.

3.3. Clinical support in Poland – being a stranger

When my partner walked into the room where the recommended gynecologist was waiting and explained what she had come for, the physician checked that the doors were properly locked and started to whisper. She told my partner that an option for us was for her to monitor the cycle of my partner and prepare her for home insemination. The procedure of ordering semen from a foreign sperm bank and the insemination itself must be done by ourselves. We visited the clinic

several times to monitor my partner's cycle. The monitoring schedule was quite strict, so my partner had an appointment with a different gynecologist almost every time. One of them, instead of whispering, started to write down on a sheet of paper her questions and answers, right after my partner had told her that she had been preparing for home insemination. She also suggested another option that would enable my partner to get clinical insemination: if she brought a man who would sign a document of his parental obligation in the registration office, then my partner could be clinically inseminated in this clinic. This option was meant to be easier, cheaper, and more effective. After a couple of days, my partner went for another appointment at the clinic. She told the gynecologist that we were afraid of the possible legal consequences of involving a man in this process. The gynecologist answered that it could be our friend or someone who was 90 years old, so he would die soon and the problem would be solved. She also mentioned that if my partner decided to use that option, it would be quite good if she and the man, while visiting the clinic, were holding hands or doing other things that would indicate a relationship.

During some visits, my partner did not feel confident enough to inform the physician about the specifics of our situation. She just wanted the monitoring to be done. As the »critical moment« of the cycle approached, she asked the »uninformed« gynecologist when exactly the best moment for successful procreation would be. The physician answered: »Just do it [have intercourse] as often as possible with your husband in the next three days«. My partner did not feel safe enough to explain that this would not work in our situation because we had only one chance of insemination in a cycle. So, our first home insemination had very little chance of success, which we were not aware of at that time.

I was waiting in the car in the clinic's car park while these conversations took place. When my partner came back, she was pale, confused, and her eyes were wide. Usually, it took her some time to be able to talk. One of the hardest moments for me was the time I spent in the car, waiting for my partner to come back from the clinic, and then hearing about the »fake partner and father« option. I was not able to participate in the conversations with the gynecologists; I was not able to support my partner; I felt helpless; I felt like an obstacle in fulfilling our dreams and aspirations. We rejected the »fake father« option, so home insemination was the only way.

We decided to order semen from Cryos, a sperm bank with transparent procedures, a large list of donors with extended profiles, and non-anonymous donor options. The donor we chose was a Danish student of philosophy – like both of us several years previously; we liked the recorded message from him – part of his extended profile; we felt sympathy and some closeness to him. The semen was of high quality; its price was higher because this was a non-anonymous donor with an extended profile, and the list of such donors was shorter. Over €500 for one straw. It was affordable for us. After an e-mail exchange and providing ultrasonograms and other information, we had a phone conversation with a physician from Cryos. When the right time of my partner's cycle was approaching, we finally ordered the semen. It was not €500 but over €2000 because the Cryos website stated that, for the best results, you should order two straws, and there was also a high tax payment and delivery costs. It was a lot for us, but there was no turning back from the process we had started – we would not give up due to the costs.

The semen was delivered to our home by courier three days after we had ordered it. It came in quite a large metal box with stickers on it saying »human tissues«. The courier seemed quite confused giving it to us. The straws in the box were frozen in liquid nitrogen, so steam rose when we opened it. Even though we were well prepared for the procedure by reading instructions and following web forums, it was very stressful, yet still romantic. Ten days later the pregnancy test results dashed our hopes. We repeated the procedure, with cycle monitoring in the clinic, ordering semen and home insemination once again next month, and the results were the same. We could not afford to try again. Not only because of lack of money, but also because of the emotional costs of the uncertainty of acting in the dark without clear instructions about the exact time for insemination.

After our last visit to the fertility clinic, where we faced the truth that we could get no more support there, we called a gynecologist whom we had heard about from friends whom she had helped with their pregnancies with acquaintance donors. She had her own practice and agreed to meet with us. Our first meeting I remember as rather strange. It took us couple more meetings to understand that she was not sure of our intentions. Her liberal attitudes towards abortion brought a lot of hate problems on her, which made her quite suspicious and cautious. Once we were all certain about our intentions and trusted each other well enough, the process accelerated. She strongly

advised us against home insemination due to lack of proof of its effectiveness. Her recommendation for us was to choose a clinic where clinical insemination was accessible for homosexual couples, because this way of insemination has been scientifically proven and provides quite successful results.[14]

Since at that time we were certain about our choice – a specific non-anonymous donor from Cryos – we started to look for a clinic. Our first choice was, as suggested by the NGO activist, a Ukrainian clinic. We thought that it would be easier and cheaper to get semen delivered from Denmark and visit Lviv to get clinical insemination there. We were advised by the activist to contact some international medical clinics which have branches in Ukraine. After an exchange of emails and a telephone conversation with one of these clinics, we began preparations for the insemination: filling out documents, collecting the necessary medical test results, etc. We informed the clinic that we wanted to use semen from a Danish sperm bank, so it had to be delivered to the Ukrainian clinic. After a couple of days, we were told that this was possible but that there would be an additional fee. Someone from the Ukrainian clinic told us that there was a man, we got his name, who was able to get semen across the Polish–Ukrainian border. The cost of this service was €1,650, and this was the only way to transfer the semen. It was not explicitly stated, but we understood that this fee was necessary to pay a bribe. We confirmed the price and the name of a man with another Ukrainian clinic. Finally, the Ukrainian option turned out to be not cheap and easy anymore.

3.4. The Danish experience – a breath of fresh air

Our next idea was to find a clinic in Denmark because it would be easy to transfer the semen from Cryos, as Cryos did not have its own clinic. We found Diers Clinic, which was situated in Arhus, the same city as the Cryos sperm bank. We sent documents and test results – HIV test and ultrasonogram. After a phone conversation with a physician from Diers Clinic, we were finally invited to use this clinic's clinical insemination service. Since the clinic has its own sperm bank, with extended donor profiles and a non-anonymous

[14] Nina Carroll, Julie R. Palmer: A comparison of intrauterine versus intracervical insemination in fertile single women. In: Fertility and Sterility 4 (2001), pp. 656–660.

donor option, we decided to use both services – ordering semen and clinical insemination – in one place. As it turned out, the semen and clinical insemination cost us less than one home insemination with semen from Cryos. With accommodation and travel costs, we spent about €1200 in Arhus.

In parallel with the arrangements with Diers Clinic, we visited our gynecologist at her own practice nearly every week for the cycle monitoring. When ovulation was about to begin, she gave us precise instructions about the time of insemination, and she provided us with a syringe of medicine that we were to inject 24 hours before the insemination procedure. This medicine was supposed to make the time of ovulation more precise and therefore increase our chances of success. My partner injected herself in the stomach while we were on our way to Arhus. This was at noon on a Saturday in October. At noon the next day, we were supposed to show up in the clinic. And that was what we did.

I remember my first impression of the clinic – it did not look medical at all. It was rather cozy and friendly. There was no whispering or other forms of expression connected with our psychosexual orientation. We were treated like all the other clients. At first, this felt a little bit strange – different from all we had experienced so far. No one even said how brave we were or that they admired us. Nothing – just kind and professional interactions. I can only describe it by comparison with the experience of breathing fresh air for the first time, when all your previous experiences had been with polluted air. Surprising and disturbing at first, but purifying and relieving after a while. Before the insemination, I was asked to sign a document confirming my parental responsibility for the child if it were born.

I did so with shaking hands, for this was *the first time* I was legally considered as a potential parent! I participated in the procedure, after which we waited together – lying down, to help the semen reach its goal. Two hours after entering the clinic, we were lying down at the seashore listening to the birds and the waves. We did not talk much – we just looked at the sky and held hands. If there is magic anywhere, it was right there for me.

Ten days later we took a pregnancy test. After two failed attempts at home insemination, we were completely stressed out. When there was no second stripe after two minutes of watching the test, we ran out of the bathroom, devastated. After half an hour, we came back to the bathroom, and the test that we had left on the floor had two stripes

on it; however, since it was too late to consider this result as credible, we had to do another test. It was Sunday, so we were unable to buy one and had to wait until the next day. The next test had two stripes within seven minutes; so, we went to take a blood test, and in a couple of hours we were certain – my partner was pregnant.

3.5. Labor and birth – the bitter-sweet taste of privilege

The pregnancy was progressing well, and the fetus was developing fine. For reasons of safety and peace of mind, we decided to continue the pregnancy monitoring with our gynecologist at her own practice. It was expensive but comforting. During one of our visits, she used the word »mothers« while speaking to us. It was the first time somebody called me a mother. I will never forget my heart beating and the overwhelming joy of this moment. This was when I realized that I was not sure whom would I be to the coming baby: Marta? Auntie? Mom? It took me some time to be sure. I finally achieved absolute clarity when I held our daughter in my arms for the very first time: I was her mother.

We began preparing for the birth a couple of months beforehand. We used all resources that were accessible to us. We asked my mother's friend for support, an anesthesiologist who had been working in a gynecology and obstetrics hospital, who gave us a contact to a midwife working in that hospital, and she warned her about our situation. The service of a personal midwife in public hospitals is common practice in Poland – or, at least, in big Polish cities. We knew how much it would cost and what is provided but – even more importantly for us – we were much less stressed by knowing in advance that this person would accept us and our choices. We met with the midwife a couple of times before the date of birth. We discussed the plan of labor and birth, and our midwife informed us about possible attitudes and obstacles from the hospital's personnel. She told us to contact her if we were mistreated in the hospital, and the acquaintance anesthesiologist said the same.

The emotions of the labor and birth themselves were stronger than any fears related to our psychosexual orientation. We came to the hospital one week after the planned birth time as the delivery would be induced. We had our own room, and we spent most of the labor with our midwife. I was able to support my partner during all the labor, and

I was asked to cut the umbilical cord when the baby finally came out. It was tougher than I thought, so I had to cut it several times until it was finally severed. I was not so much interested in the baby, as she was alive and fine. My concern and attention were focused on my partner, who was exhausted and in pain. Our baby was born in the late evening, so I had to leave the hospital. I came back in the morning and that was when I fully experienced the existence of our daughter. Since I was the one with previous experience with newborns, I changed her diapers and did all the other necessary stuff, except for the breastfeeding. Some of the nurses and doctors asked who I was to the mother of the child. I answered that I was her partner. The reaction was usually silence or a quite surprised: »o!«. There were some procedures, like vaccination or the hearing test, for which the guardian was supposed to sign some documents. I was asked once by a nurse to sign a document in the office, at which time my partner was sleeping. I was unsure what to do since I was not a legal guardian according to Polish law. I knew that the nurse was aware of this. She gave me the document and I signed it with my last name. It was easier because my partner, our daughter and I all share the same last name – she has both of our last names. The story of enabling our child to have our last names is long and complicated. There is no place for it in this paper.

4. The privileged

Although we call ourselves – or at least some of us do – the LGBTQIA+ community, we are very diverse. We are Christians, Muslims, Buddhists, non-believers. We differ in terms of social and economic status; we live in different places; we come from various regions; we are of all ages. Some of us experience acceptance and support from our families and direct surroundings; some experience quite the opposite; most of us are somewhere in the middle. In terms of individuality, we have diverse characters, personalities, competences, and appearances. Each of these and many other aspects of our identities put us in specific and incomparable positions in terms of equality and its execution.

When struggling to become parents, my partner and I were about 35 years old; we were supported by relatives and friends; we were quite independent – running our own small businesses and a foundation. We were well educated, with established occupational positions and a

quite stable and satisfying income – over the national average wage. Our families were well functioning and established, and we lived in a large city. We spoke foreign languages; we were quite competent in terms of using the internet and searching for information. We were in a large network of non-governmental and activist relations. We personally knew physicians who would support our desires. Both of us had been in psychotherapeutic processes – we were confident of ourselves and our relationship. Our psychological and interpersonal competences were very high – we were teaching others how to develop them. I think that taking away even one of these factors could have put us in a very different position. With no support and a lack of finances or confidence, we would not have overcome the plenitude of crises and doubts. And while I still consider us a minority, I am aware that our approach to parenthood – considering all the other aspects of our situation – came from a privileged position.

Of the over 50,000 children that are being raised in so called »rainbow families« or »families of choice«[15] in Poland, very few are of gay couples[16]. This is mostly due to the impossibility in Poland of legal adoption or surrogacy for gay couples, not to mention social attitudes, which are much more rigid when it comes to raising a child without a mother.

Depending on religious and political orientation as well as respected values and norms, attitudes amongst LGBTQIA+ people towards clinical insemination for lesbian couples differ. On one hand, we could feel support and »good luck« wishes from the community; on the other hand, we sometimes experienced very soft feelings of grief, bitterness, or anger that are hard to recognize and describe. I think these feelings came from people who see us as being in a privileged situation, and what we achieved was considered as unachievable for many other homosexual people. Sometimes the vague and indirectly expressed narrative was that instead for fighting

15 Mirosława Makuchowska (Ed.): Sytuacja społeczna osób LGBTA w Polsce. Raport za lata 2019–2020 [The social situation of LGBTA people in Poland. Report for 2019–2020]. Warsaw 2021. https://kph.org.pl/wp-content/uploads/2021/12/raport-maly-2019-2020.pdf (accessed on 7.2.2023).

16 Joanna Mizielińska, Marta Abramowicz, Agata Stasińska: Rodziny z wyboru w Polsce. Życie rodzinne osób nieheteroseksualnych [Families of choice in Poland. Family life of non-heterosexual people]. Warsaw 2014. http://rodzinyzwyboru.pl/wp-content/uploads/2021/10/Raport_Rodziny-z-wyboru-w-Polsce.-Zycie-rodzinne-osob-nieheteroseksualnych.pdf (accessed on 7.2.2023).

for our rights in an open battle we somehow tried to assimilate with the heterosexual world by pretending to be a »normal family«. But – no matter how hard we try – we are not a »normal family«, and there are so many others who will never be and will not even be able to try.

5. The lesson

Discrimination and inequality have many faces, and that is what our experience has generally revealed. There are structural, systemic, institutional, and individual levels, all of which influence each other. Whilst Polish law does not recognize homosexual couples as families and parents, the support and openness of the medical institution personnel we dealt with felt like we were »partners in crime«; on the other hand, the discrimination we experienced, even if unnecessary for legal reasons, was legitimized. Without structural, systemic, and, most of all, legal changes, I believe it is impossible to improve the situation of homosexual parents and »parents to be« in Poland. The legal changes should consider a wide range of aspects of personal and family life: legalization of same-sex marriages, right to adoption for homosexual individuals and couples, access to clinical insemination for homosexual couples and individuals, non-anonymous donor options, and other enhancements in semen banks.

Equal rights are a necessary condition for social change, but they will not be sufficient. We need organized support for and growth of non-governmental organizations that disseminate non-discriminatory attitudes in society. We need inclusive education on every level. So far, it seems that modern media services like Netflix have the greatest impact amongst young people in terms of acceptance of LGBTQIA+ people.[17] However, streaming platforms will not do

[17] Bradley J. Bond, Brendon L. Compton: Gay On-Screen: The Relationship Between Exposure to Gay Characters on Television and Heterosexual Audiences' Endorsement of Gay Equality. In: Journal of Broadcasting & Electronic Media 59 (2015), pp. 717–732; Jarel P. Calzo, L. Monique Ward: Media Exposure and Viewers' Attitudes Toward Homosexuality: Evidence for Mainstreaming or Resonance? In: Journal of Broadcasting & Electronic Media 53 (2009), pp. 280–299; Edward Schiappa, Peter B. Gregg, Dean E. Hewes: Can One TV Show Make a Difference? A Will & Grace and the Parasocial Contact Hypothesis. In: Journal of Homosexuality 51 (2006), pp. 15–37; Gary King, Benjamin Schneer, Ariel White: How the News Media Activate Public Expression and Influence National Agendas. In: Science 358 (2017), pp.776 – 780.

the work by themselves, so governments and institutions should be obliged to effect social change. We should work with medical personnel on many levels in terms of their competences and attitudes, but we should also provide internal rules for institutions that lead to consequences for those who discriminate. These rules should be enforced, and we should also provide rules and consequences for institutions themselves. The processes of education, development, and lawmaking should recognize that people have been brought up and educated for years to be prejudiced. We should not judge them but rather support them by delivering information and giving them access to the real, diverse, very human, and emotional life of LGBTQIA+.

The outcome of all these efforts should not be »Oh, you are homosexual, so I should treat you in a special way«; it should be »You are homosexual? So what? You are our client just like anybody else«.

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