

An attempt to assess the accepted model of family in a group of Polish women

Próba oceny akceptowanego modelu rodziny w wybranej grupie kobiet polskich

Andrzej Brodziak^{1, 2 (a, b, c, d)}, Alicja Różyk-Myrta^{2 (b, c)}, Barbara Białkowska^{2 (b, c)},
Estera Kołat^{2 (b, c)}

¹ Institute of Occupational Medicine and Environmental Health in Sosnowiec, Poland
Head: P.Z. Brewczyński, MD, PhD

² Institute of Nursing, University of Applied Sciences in Nysa, Poland
Head: prof. A. Brodziak, MD, PhD

^(a) idea

^(b) compilation of methods

^(c) collection of materials

^(d) working on text and references

ABSTRACT

Introduction. The authors in their subsequent study on the causes of the fall in the birth rate, based on data obtained by means of questionnaires attempt to verify their next hypotheses, concerning low fertility, observed in most European countries.

Material and methods. Data were collected by means of a set of open questions concerning the preferred model of family, and then the characteristic types of responses were identified. Also short complementary questionnaires were used by means of which we tried to assess the pessimistic attitude, low resourcefulness and lack of energy and engagement as well as the intensity of the so-called type D personality pattern.

Results. The results led the authors to conclude that young people in Poland are not convinced of the benefits from any specific pattern of the family. The various possible arguments against having children or against having two children discourage easily young couples.

Conclusions. The authors think that today there is no "source" of message convincing young people of the proper model of the family in Poland. Theoretically, desirable model of the family (parents + 2 children) is not convincingly promoted by any sources such as parents, school, neighbours or media.

Key words: model of family, young women, birth rate

STRESZCZENIE

Wstęp. Autorzy w swojej kolejnej pracy dotyczącej spadku liczby urodzeń, opartej o pobranie danych przy pomocy sondażowych badań ankietowych próbują zweryfikować następną hipotezę dotyczące niskiej dzietności, obserwowanej w większości krajów europejskich.

Materiał i metody. Zebrano dane przy pomocy zestawu pytań otwartych, dotyczących preferowanego modelu rodziny, a następnie określono najczęstsze, charakterystyczne typy odpowiedzi. Zastosowano także krótkie ankiety pomocnicze przy pomocy których oceniano stopień postawy pesymistycznej, występowanie niskiej zaradności, przejawy braku energii życiowej oraz nasilenie tzw. wzorca osobowości typu D.

Wyniki. Uzyskane wyniki prowadzą autorów do wniosku, że współcześnie młodzi ludzie w Polsce nie są przekonani do zalet określonego wzorca rodziny. Różne możliwe argumenty przemawiające przeciwko posiadaniu dzieci lub przeciwko posiadaniu dwojga dzieci odwodzą łatwo młode małżeństwa i pary od posiadania potomstwa.

Wnioski. Autorzy sądzą, że brak jest współcześnie w Polsce „źródła” przekonyującego przesłania o właściwym modelu rodziny. Korzystny (teoretycznie) dla każdej pary model rodziny 2+2 nie jest przekonywująco propagowany przez żadne źródło opiniotwórcze takie jak rodzice, szkoła, sąsiedzi, media.

Słowa kluczowe: model rodziny, młode kobiety, wskaźnik urodzeń

INTRODUCTION

An important contemporary social problem in most European countries is decline in the number of births. The consequences of falling birth rates are already felt by all citizens. We realize that so-called demographic crisis is manifested by a large number of schools closing, the decreasing number of candidates for study and the extension of retirement age. The amount of pensions diminish and the society has to spend a lot of effort to care for the elderly. We devoted our recent paper to the reasons for birth's rate decline [1–3, 25].

Reasons for the birth rate decline are not fully understood. Therefore we attempted to verify interdisciplinary hypothesis which explains the decrease in the number of births [1]. The hypothesis assumes that the decline in the number of births is the result of the mental changes that have occurred in modern societies. We have shown in our previous paper about 40 changes of perceived and altered attitudes [1]. We suggested a questionnaire which allowed verification of convictions and attitudes of a particular individual under consideration [1]. We checked which clauses of our questionnaire are approved by women who are childless and women who have one child only and women who have two or more children. The paper shows questions where differences in responses in groups of women are considerable. The key element is often the overwhelming desire to have a child. This decision is connected with the need to get education. Therefore women have recently tended to postpone pregnancy. That postponement is possible because the time of becoming pregnant can be controlled by effective contraception and increasing acceptance of its use.

The same attitudes are taken also by men. It often happens that a man, because of his professional ambitions, encourages a woman to postpone pregnancy. It should be noted, that women are either prone or not to the reasoning of the partner. Sometime, the need to have a child is so strong, that the fears of the partner do not influence the woman's decision.

In order to better understand the real reasons for the declining the birth delivery rate we decided to compare the beliefs and attitudes of middle-aged women in Poland and in the Czech Republic where the fertility rates are lowest in Europe. It is known that the average living standard of the Czech citizens is some issues greater. We presented the result of these comparisons in a separate paper [2].

The data collected made possible formulation of the following explanation of the birth's rate decline.

The most important attitudes represent questions 6, 7, 9, 11, 20, 21, 31, 35, 38 in the questionnaire [1, 2]. Supposing that a woman chooses not to have a child, the above family – oriented factors are suppressed by negative influences. We have tried to grasp the possible negative influences by the following types of impact:

1. Fear of increased responsibilities and restrictions caused by having a child.
2. Fear of the financial situation.
3. Realizing that having children will mean that responsibilities and efforts will be required almost the whole lifetime.
4. Low life energy and existential optimism.
5. Self-centered attitude, when a person favors the life at ease, freedom of action, life without obligations.

Investigations of the causes of the falling of birth rates provide the guidance on how to try to counteract the decline in the birth rate. One possibility is to promote the so-called “system of rapid transition to the second child”. Using an appropriate complementary questionnaire we tried to establish if there are promising conditions to promote having two children in a short period of time in Poland [3]. In a group of women there is a relatively large time gap between the average age at giving birth to the first and the second child, which indicates that there is a large group of women who could give birth to a second child before. The estimated attitude and sentiments of these women indicate the circumstances which would promote the rapid transition to the second child [3].

The publications of many authors suggest another possible reason why young couples do not have children. These are fear, anxiety and uncertainty in several important areas [4–24]. They resulted in an approximate assessment of anxiety and uncertainty among young women in Poland and the Czech Republic [25]. The next attempt to understand the relative factor of low fertility rates consists of collections of opinion of a particular group of Polish women on the accepted model of the family by means of a questionnaire based on open questions.

MATERIAL AND METHODS

The data were collected as a result of self-completed open-question questionnaires. This study was conducted in the classroom where “methodology for nursing research” was taught the students of supplementary study of nursing in the University

of Applied Sciences in Nysa in the academic year 2013/2014. Students of this supplementary study are women aged between 30 and 55. Most of them are residents of small towns in the province of Opole and Lower Silesia. The interview started from the distribution of special, elaborated forms, containing the following housekeeping questions:

The questionnaire was filled by a woman in the age ofyears

Study, please underline: non-stationary – Z, supplementing studies type: A, B, C, D

I do not have children ,

I have one child , two children , three children , > 3 children

I delivered them at the age of years, years, years, years

The form below the initial part contained the following three “open” questions:

1. Reasons of having two kids.

2. Reasons of having a baby.

3. I do not have children, because (a) it is a conscious decision justified by ... or (b) it is a result of my personal situation.

The same questions appeared on the blackboard. It was emphasized that the form should be completed by every woman present in the classroom explaining that the data collected was to help understand the causes of low fertility in our country. The form used in the study contained on the reverse side two additional short questionnaires (table I, table II). Table I presents 5 questions related to the “optimism and life resourcefulness”. Table II presents questions for the determination of the intensity of a known so called D type of personality pattern (D – from distressed) [27–35]. 79 forms were completed. 49 women reported that they have two or more children (10 women – three, 4 women – four), 20 women reported that they have one child and 10 women were childless.

Collected data were analyzed statistically. The obtained differences in the frequency of possible options for answers: (a) women who do not have children, (b) women who have one child and (c) women who gave birth to two or more children were verified by the use of chi square test. We used the tool accessible under <http://statpages.org/ctab2x2.html>. This program calculate also the Yetes – corrected chi-square and the Mantel-Haenszel chi-square.

Table I. Additional questions presented to respondents

Tabela I. Dodatkowe pytania przedstawione respondentom

1	I judge myself as a person:	
	a. very optimistic	
	b. with an average dose of optimism	
	c. characterized by pessimism	
2	I think of myself that I am:	
	a. very resourceful	
	b. I deal poorly with difficulties	
	c. not resourceful	
3	Willingness to act and life energy:	
	a. I like to work, I have considerable life energy	
	b. I am not convinced that significant efforts in life have any meaning	
	c. I do not want to make larger projects	
4	I like to devote time and energy to:	
	a. implement a plan devised by myself and do what I like	
	b. I partly take into account pursuits, expectations of neighbors and tradition	
	c. I think that it is the most preferably to act according to established traditional patterns	
5	I think that in the next decades in the world:	
	a. no particular adverse event will happen which could deteriorate the conditions of life in Poland	
	b. it will be more or less as it is now	
	c. I feel anxious about the future economic situation and security in our country	
	d. I have no opinion on this subject	

Table II. The questionnaire of estimation of the intensity the Type D (distressed) personality pattern

Tabela II. Kwestionariusz umożliwiający ocenę nasilenia tzw. wzorca osobowości typu D

	Yes	In between	No
1. I am not able to make contacts easily when I meet people			
2. I often make a fuss about unimportant things			
3. I rarely talk to strangers			
4. I often feel unhappy			
5. I am often irritated			
6. I often feel inhibited in social interactions			
7. I take a gloomy view of things			
8. I find it hard to start a conversation			
9. I am often in a bad mood			
10. I am a closed kind of person			
11. I would rather keep other people at a distance			
12. I often find myself worrying about something			
13. I am often down in the dumps			
14. When socializing, I don't find right things to talk about			

Replies collected in open questions questionnaire were analyzed by methods of the assessment of descriptive, qualitative data. The team of authors studied all the answers and looked for characteristic opinions (tables III, IV and V). After one interview research, we decided to make an additional interview 3 weeks later in similar circumstances, for the same group of students. We collected data included in the following form:

[“...We ask kindly you to read carefully two statements of women with 2 or more children, obtained during the former survey and make necessary comments”.

“Basic, prime motivation - to have two children - was the future concern when parents will be gone – the children will have each other, a close person, to rely on. I myself have a sister and I know how important this is. Another important factor was

that the growing child having younger sibling can make him to learn important behaviors, such as sharing, helping each other.”)

“Motivations that guided me to have two children are: 1. desire to have a family and pursue opportunities as the mother; 2. Conveying to the offspring my own life experience, values attained from family home; 3. Two children so that they can support themselves and be able to count on each other in the adult life; 4. At the same time that they were for me back up support in old age”.)

.. and 2 say honestly below what makes that these beliefs are not always possible to share or implement (please write the comment in capital letters):

During the second phase of the study 59 women filled up the form. 14 of them “with one child only” also provided their responses.

Table III. Characteristic statements and opinions of respondents having two or more children

Tabela III. Charakterystyczne stwierdzenia i opinie respondentek mających dwoje lub więcej dzieci

No.	Statement or opinion contained in the answer to the question “What motives guided you to have two or more children?”	Number of this type of statements in the group
1	I always wanted to have a family	28/49
2	I have a maternal instinct and it is important for me to fulfill myself as a mother	26/49
3	I think that having only one child is not good	21/49
4	I know that my siblings will support each other in the future	17/49
5	Having children it is a support for parents in their old age	11/49
6	Large families is a model which was supported in my home	9/49
7	I am a proponent of maintenance of traditions and behaviors learned in my home	1/49

Table IV. Characteristic statements and opinions of respondents having one child

Tabela IV. Charakterystyczne stwierdzenia i opinie respondentek mających jedno dziecko

No.	Statement or opinion contained in the answer to the question "What motives guided you to have a child?"	Number of this type of statements in the group
1	I have a maternal instinct and it is important for me to fulfill myself as a mother	12/20
2	I always wanted to have a family	10/20
3	Economic conditions have caused that I have only one child	7/20
4	Personal determinants such as health, loss of a partner caused to have only one child	5/20
5	I plan to have a second child	1/20

Table V. Characteristic statements and opinions of not having children

Tabela V. Charakterystyczne stwierdzenia i opinie respondentek nie mających dzieci

No.	Statement or opinion contained in the answer to the question "What made you have no children – whether it was a conscious decision, or the result of personal circumstances?"	Number of this type of statements in the group
1	It came from the determinants of health	4/10
2	Lack of partner	3/10
3	Economic limitations	2/10
4	I do not feel the need to have a child	2/10
5	Specific personal situation	1/10

RESULTS

The first phase of the study introduced the analysis of answers to "open type" questions. These responses have been read by all co – authors of the paper. Besides personal look at all 79 answers attempts have been made to categorize responses by capturing repetitive elements in the statements and opinions of the examined women.

We found in the responses of 49 women who had two or more children the opinions that can be characterized by statements (table III). The table consists also of the number of specified types of statements in this group of 49 women. Table IV defines specific types of statements found in the responses of women with only one child. Table V relates to women who do not have children.

Analysis of the data obtained in the first phase of the study shows the following regularity:

1. If the answer is not very short then it is possible to assess the message, which means the content is similar to two mentioned statements. Results show that most women who had two or more children are convinced of the benefits that come from having siblings, and are aware that having children protects them against a sense of loneliness.

2. Women with one child are not generally convinced about the benefits of the model family 2 + 2.
3. Women with one child often emphasize the living conditions and difficulties in providing the proper upbringing for a child.
4. Women who do not have children generally point to personal circumstances' life and health problems and difficulties in relationships with a partner.

A careful analysis of the data obtained in the second phase of the study shows the following regularity:

5. Women with one child, providing comments on the point of view of women having more children often say that they agree with their reasoning, but they see some problems.
6. Distinctive and interesting is the following response given to the open question posed in the second phase of the study by a 48 year old woman, with two children: (...When I decided on motherhood family worship was much more important and its role in society was greater. It seemed natural to marry, have children and help one another. Currently, as I see it through my grown-up children – the priority of the family is much less. I think that now

what is more important is study, career, peer group. The result is that young people postpone the decision to have children, they are prone to do it after reaching some other targets, when there is no time and energy to have many children).

7. Statistical analysis was done for differences of proportions of answers for questions contained in two mentioned questionnaires (table I and table II) between: (a) women who do not have children, (b) women who have one child and (c) women who gave birth to two or more children. This analysis do not demonstrate statistically significant differences.

DISCUSSION

The results led the authors to conclude that contemporary young people in Poland are not convinced of the benefits of a specific pattern of the family. The various possible arguments against having children or against having of two children easily discourage young couples from having children. This seemingly radical opinion is consistent, however, with the significance of the interesting consideration, presented recently by Bachrach'a and Morgan in their paper entitled "Cognitive – Social Model of Fertility Intentions" [26]. Their considerations led them to the following conclusion.: "...Our conceptualizations suggest that people do not necessarily have fertility intentions; they form them only when prompted by specific situations. Intention formation draws on the current situation and on schemas of childbearing and parenthood learned through previous experience, imbued by affect, and organized by self-representation...". Weak, unstable and changing over time "intentions" to have children is expressed in the content of statements of many participants in the study, also in the statement quoted in the results section. The statement of Bachrach's finding with statement of a participants of our study leads to the following hypothesis. The so-called maternal instinct and the importance of having children for a sense of purpose in life and fulfillment in the role of women is quite important for most women when making decision about having their first child. These factors do not play an essential role today as much as in the past when making decisions about having the second child.

The intention of having the second child is affected by belief of the importance of education, career and unhampered life at ease. This is due to the widespread practice of contemporary families and

example providing by other young people. Bachrach and Morgan write as follows: "...lead us to focus on how social structures frustrate or facilitate intentions and how the structural environment contributes to the formation of reported intentions in the first place. Our analysis suggests that existing measures of fertility intentions are useful but to varying extents and in many cases despite their failure to capture what they seek to measure" [26]. We could speculate that in the current cultural situation the potential parents' decisions depend largely on personality traits defining a pessimistic attitude, low resourcefulness, manifestations of lack of vital energy, which can be characterized also by the so-called D pattern of personality. The concept of D "Distressed" pattern of personality was proposed by Denollet et al [27]. The estimation of the Type D personality leads to the measurement of the joint tendency toward negative affectivity (NA) and social inhibition (SI). The DS14 scale is in fact a brief measure of neurosis and disorganized behavior. The presence of a considerable intensity of this pattern of behavior (personality type) was confirmed in many clinical and social situations [28–35]. It is surprising however that we did not find statistically significant differences in the intensity of this D type pattern of personality. So, in light of our results it is not possible to state that Polish women are struggling with intra – psychic problems and severe, common life difficulties. The beliefs expressed in the responses to the open questions formulated by us argue that there is no active opinion-center, which would lead intense action promoting the family model of type 2+2. It seems that the real, actual message, transmitted to the public by "opinion formers" such as parents, school, neighbors, church, media should be carefully analyzed. In addition to identification of the average content of these messages it would be necessary to assess also the authority of the particular "sources of opinion" in the views of young couples. In particular it is important for this issue the assessment whether the church has in eyes of young people the authority in matters of procreation. Recognition of the hypothesis presented above leads to the conclusion important for the prevention of further decline in births and attempts to influence the low fertility.

CONCLUSIONS

1. The known arguments for having two children, which emphasize the importance of this family model for the meaning of sense of one's own life,

the fulfillment in the role of the mother, the protection against loneliness and providing optimal conditions for raising children – do not convince many couples today.

2. The decisions about having two children cannot be attributed to the personality traits defining a pessimistic attitude, low resourcefulness or manifestations of a lack of vital energy, or by features of distressed pattern of personality.

3. Probably today there is a lack of a source of a convincing message about the proper model of the family. The model of family 2+2, which is beneficial for any couple is not convincingly promoted in our country by any source of opinion - such as parents, school, neighbors, church, media.

4. Trials of strengthening of the opinion centers, which would be able to alter the beliefs in this regard are necessary.

Funding: *internal financing of the Institute of Occupational Medicine and Environmental Health in Sosnowiec*

REFERENCES

1. Brodziak A., Wolińska A., Ziółko W.: Próba weryfikacji interdyscyplinarnej hipotezy wyjaśniającej spadek liczby urodzeń i niską dzietność. *Medycyna Środowiskowa*, 2012; 15: 104-115.
2. Brodziak A., Kutnohorska J., Cicha M., Wolińska A., Ziółko E.: Comparison of fertility ratios, attitudes and beliefs of Polish and Czech women. *Medycyna Środowiskowa – Environmental Medicine*, 2013; 16: 69-78.
3. Brodziak A., Wolińska A., Ziółko E.: Czy zachodzą okoliczności sprzyjające promowaniu systemu szybkiego przejścia do drugiego dziecka? *Medycyna Środowiskowa – Environmental Medicine*, 2013; 16: 67-74.
4. Adsera A.: The interplay of employment uncertainty and education in explaining second births in Europe. *Demographic Research*. 2011; 25: 513-544.
5. Billingsley S.: Economic crisis and recovery: Changes in second birth rates within occupational classes and educational groups. *Demographic Research*, 2011; 24: 375-406.
6. Perelli-Harris B.: Ukraine: On the border between old and new in uncertain times. *Demographic Research*, 2008; 19: 1145-1178.
7. Dorbritz J.: Germany: Family diversity with low actual and desired fertility. *Demographic Research*, 2008; 19: 557-598.
8. Oláh L., Bernhardt E.: Sweden: Combining childbearing and gender equality. *Demographic Research*, 2008; 19: 1105-1144.
9. Fokkema T., de Valk H., de Beer J., van Duin C.: The Netherlands: Childbearing within the context of a “Poldermodel” society. *Demographic Research*, 2008; 19: 743-794.
10. Toulemon L., Pailhé A., Rossier C.: France: High and stable fertility. *Demographic Research*, 2008; 19: 503-556.
11. Pailhé A., Solaz A.: The influence of employment uncertainty on childbearing in France: A tempo or quantum effect? *Demographic research*. 2012; 26: 1-40.
12. Sobotka T., Štátná A., Zeman K., Hamplová H., Kantorová V.: Czech Republic: A rapid transformation of fertility and family behaviour after the collapse of state socialism. *Demographic Research* 2008; 19: 403-454.
13. Spéder Z., Kamarás F.: Hungary: Secular fertility decline with distinct period fluctuations. *Demographic Research* 2008; 19: 599-664.
14. Prskawetz A., Sobotka A., Buber I., Engelhardt H., Gisser R.: Austria: Persistent low fertility since the mid-1980s. *Demographic Research*, 2008; 19: 293-360.
15. Delgado M., Meil G., Zamora - López F.: Spain: Short on children and short on family policies. *Demographic Research*, 2008; 19: 1059-1104.
16. Klesment M., Puur A.: Effects of education on second births before and after societal transition: Evidence from the Estonian Generations and Gender Survey. *Demographic Research*, 2010; 22: 891-932.
17. Stropnik N., Šircelj M.: Slovenia: Generous family policy without evidence of any fertility impact. *Demographic Research*, 2008; 19: 1019-1058.
18. Pilinská VB, V., Jurčová D., Potančoková M.: Slovakia: Fertility between tradition and modernity. *Demographic Research*, 2008; 19: 973-1018.
19. Sobotka T., Toulemon L.: Changing family and partnership behaviour: Common trends and persistent diversity across Europe. *Demographic Research*, 2008; 19: 85-138.
20. Sobotka T., Štátná A., Zeman K., Hamplová D., Kantorová V.: Czech Republic: A rapid transformation of fertility and family behaviour after the collapse of state socialism. *Demographic Research*, 2008; 19: 403-454.
21. Kotowska I., Józwiak J., Matysiak A., Baranowska A.: Poland: Fertility decline as a response to profound societal and labour market changes? *Demographic Research*, 2008; 19: 795-854.
22. Stankuniene V., Jasilioniene A.: Lithuania: Fertility decline and its determinants. *Demographic Research*, 2008; 19: 705-742.
23. Zakharov S.: Russian Federation: From the first to second demographic transition. *Demographic Research*, 2008; 19: 907-972.
24. Frejka T. Determinants of family formation and childbearing during the societal transition in Central and Eastern Europe. *Demographic Research*, 2008; 19: 139-170.
25. Brodziak A., Kutnohorska J., Cicha M., Białkowska B.: Preliminary trial to ascertain the feeling of uncertainty between young women in Poland and the Czech Republic in the context of their intention to have a child. *Medycyna Środowiskowa – Environmental Medicine*, 2014; 17: 60-68.
26. Bachrach Ch.A., Morgan Ph.: A Cognitive-Social Model of Fertility Intentions. *Population and Development Review*, 2013; 39: 459-485.
27. Denollet J.: DS14: standard assessment of negative affectivity, social inhibition, and Type D personality. *Psychosom Med*. 2005; 67: 89-97.
28. Denollet J., Schiffer AA., Spek V.: A general propensity to psychological distress affects cardiovascular outcomes: evidence from research on the type D (distressed) personality profile. *Circ Cardiovasc Qual Outcomes*. 2010; 3: 546-57.
29. Spindler H., Kruse Ch., Zwisler AD., Pedersen S.: Increased Anxiety and Depression in Danish Cardiac Patients with a Type D personality: Cross-Validation of the Type D Scale (DS14). *Int J Behav Med*. 2009; 16: 98-107.
30. Bagherian-Sararoudi R., Sanei H., Attari A., Afshar H.: Type D personality is associated with hyperlipidemia in patients

- with myocardial infarction. *J Res Med Sci.* 2012; 17: 543-547.
31. Williams L, O'Connor RC, Grubb NR, O'Carroll RE.: Type D personality and three-month psychosocial outcomes among patients post-myocardial infarction. *J Psychosom Res.* 2012; 72: 422-426.
32. Martens EJ, Mols F, Burg MM., Denollet J.: Type D personality predicts clinical events after myocardial infarction, above and beyond disease severity and depression. *J Clin Psychiatry.* 2010; 71: 778-83.
33. Kupper N, Denollet J.: Type D personality as a prognostic factor in heart disease: assessment and mediating mechanisms. *J Pers Assess.* 2007; 89: 265-76.
34. Hausteiner C, Klupsch D, Emeny R., Baumert J., Ladwig KH; KORA Investigators. Clustering of negative affectivity and social inhibition in the community: prevalence of type D personality as a cardiovascular risk marker. *Psychosom Med.* 2010; 72: 163-71.
35. Sararoudi RB, Sanei H, Baghbanian A.: The relationship between type D personality and perceived social support in myocardial infarction patients. *J Res Med Sci.* 2011; 16: 627-33.

Address for correspondence:

*Prof. Andrzej Brodziak, MD, PhD
Institute of Occupational Medicine and Environmental
Health in Sosnowiec, Poland
tel. 48 774355951
andrzejbrodziak@wp.pl*