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Fertility as an object of influence of public policies of the state

Abstract

The fertility rate in Poland has remained below the level of simple generation replacement. Recent attempts to change the demographic situation and modify (pro)family policy have turned out to be ineffective. The pro-natalist “Family 500+” programme, also turned out to be unsuccessful in this area. Polish families decide to have children less and less often, and this trend continues, placing Poland among the fastest ageing countries in Europe.

The paper is a review article. It is based on selected data from Eurostat and Statistics Poland (GUS). The main goal is to present the factors responsible for fertility, taking into account the relationship between what is private and what is public/political. The author focuses on institutional solutions, especially on the role of family policies. She also poses questions about the causes of Poland’s demographic collapse, trying to explain why the attempts to affect fertility do not bring the expected results.

Poland’s problems are presented against the background of other European countries that are experiencing similar population problems. The analyses also take into account the impact of social crises, which may contribute to postponing reproductive decisions, and result in further depopulation of Poland (e.g., the pandemic, legal changes limiting the availability of abortion).

Keywords: fertility, fertility rate, demographic crisis, social policy, pro-family policy

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Introduction

Nowadays, the EU is trying to cope with imminent economic and political threats, as well as declining fertility rates and rapidly ageing European population (see: Grant et al., 2005). The dynamics of deep demographic and social changes was additionally intensified by the outbreak of the COVID-19 pandemic, affecting reproductive intentions and fertility rates, and increasing the rate of ageing of the Europeans (see: Aasve et al., 2020; Kuroпка et al., 2021). Although (pro)family policy is the exclusive domain of each Member State, which when designing activities in this area, takes into account their specific historical, economic, and socio-cultural conditions, some demographic trends are common to most EU countries, such as an increasing average age of first childbirth and marriage, a decrease in the number of marriages, and an increasing number of divorces (see: Slany, 2002; Szlendak, 2012). The extremely low birth rate in some countries, which is correlated with these processes is, therefore, a problem for the whole EU. Thus, more and more initiatives are focused on population policy and the social policy models implemented in individual countries (especially pro-natal activities) are viewed from the perspective of their effectiveness and the potential possibility of their implementation elsewhere.

According to Eurostat data, 4.07 million children were born in the EU in 2020, with the total fertility rate (TFR)² of 1.50, which is lower than the last peak in 2016 (1.57), but still above the all-time lowest rate in 2001 (1.43)³. Among the EU states, the highest fertility rate was recorded in France (1.83). Romania (1.80), Czechia (1.71), and Denmark (1.68) were also significantly above the EU average. On the other side of this continuum were: Malta (1.13), Spain (1.19), and Italy (1.24) (Eurostat, 2022).

Poland is among the countries with the lowest fertility rate in Europe. In 2020, it reached the value of 1.38, a year later it decreased even more (1.32). A constant downward trend in the fertility rate in Poland has been observed for over half a century. The first wave of the decline in births took place in the 1960s, the next one began in the mid-1980s and lasted continuously until 2003, gaining momentum in the 1990s. Within 20 years, the fertility rate in Poland decreased from 2.42 in 1983 to 1.22 in 2003. For over 30 years, the fertility rate has been below the level of simple generation replacement⁴, and for over 20 years it has been defined as extremely low (below 1.5) (GUS,

² Total fertility rate (TFR) means “the average number of children that a woman would give birth to during the entire reproductive period (15–49 years), assuming that in particular phases of this period, she would give birth with the intensity observed among women in the surveyed year” (GUS, 2022, p. 30).

³ It should be emphasised that during these two decades, the EU expanded significantly. In 2001, the Union included only 15 countries and the following states were outside the EU: Cyprus, the Czech Republic, Estonia, Lithuania, Latvia, Malta, Poland, Slovakia, Slovenia, Hungary (accession in 2004), Bulgaria, Romania (accession in 2007), and Croatia (2013). In 2020, the UK left the EU.

⁴ Simple replacement of generations means a situation in which “typical parents give birth to a number of children which, under given mortality conditions, is sufficient to fully replace parents in reproduction. In modern societies, where virtually all newborns live

2022b; GUS, 2022a). Long-term demographic forecasts do not promise a rapid improvement in this area, and rather chaotic attempts made by successive governments to modify (pro)family policy have not been very effective.

However, the desire to have children is almost universal in Polish society (see: CBOS, 2013, 2019a). In 2019, only two out of 100 people did not want to have children at all, 6% declared a desire to have only one, nearly half (47%) – two (which has hardly changed for a quarter of a century), and over a quarter (28%) claimed they wanted to have three children. Moreover, for the last dozen years, there has been a clear decrease in the percentage of people who consider the 2+1 family model optimal for them (from 13% in 2000 to 6% in 2019) and, at the same time, the number of those who would like to have three children has increased (from 19% in 2006 to 28% in 2019). Despite these declarations, however, Polish women and men decide to have a child less and less often. In 2022, only 305,000 children were born in Poland, which is the lowest number in the post-war history of the country and it is 26 thousand births fewer than in 2021 and 50 thousand fewer than in the pandemic year – 2020 (GUS, 2023). The data illustrate the gap between the achieved and preferred fertility. The essence of the phenomenon is the discrepancy between intentions, which at a young age are co-shaped by, e.g., the structure and model of the family of origin and social norms of fertility, and in the peak reproductive years they are verified by the already changed needs and institutional context, e.g., the current economic situation, the implemented model of social policy, or the possibility of combining family and professional roles (Beaujouan & Berghammer, 2019). The “fertility gap” is not a problem specific only to Poland, but the difference is particularly big there (see: Sikorska, 2021).

The factors that affect the final fertility rate include: (1) economic aspects (such as the country’s macroeconomic situation, GDP, wages, inflation, unemployment rate, as well as an individualised sense of financial security), (2) broadly understood institutional conditions (especially the implemented model of family policy), and (3) the socio-cultural context (cf. Sikorska, 2021; Slany, 2002). Today, financial security and a consolidated sense of stability are absolutely necessary for starting a family. Although a bad economic situation in the contemporary history of Poland has not always resulted in a low birth rate (cf. demographic booms in post-war years – 1949–1955 or the record-breaking baby boom of the late 1970s and early 1980s at the time of economic crisis), nowadays “conscious parenthood” is based on the permanent provision of secure living conditions to the (future) family.

A coherent policy that allows individuals to combine professional work with family responsibilities facilitates the accomplishment of pro-natalist goals. Flexible solutions in this area and an extensive system of amenities addressed to parents, especially those with young children, are essential. Finally, the climate around fertility and the cultural context are also important. In other words, the relations between what is private (individual reproduction plans and preferences) and what is public (political) are impor-

to adulthood, the average number of children needed to replace their parents is slightly less than 2.1. Children are needed to replace the mother and father, and the fact that a small part of newborns will die before they are able to start their own reproduction needs to be taken into account” (Szukalski, 2009, p. 59).

tant. Considering the above, it can be assumed that the contemporary demographic problems of Poland (and perhaps of most European countries) are largely caused by macro factors – including socio-cultural changes that are natural aftermath of the modernisation processes, the state's economic policy and the lack of systemic solutions, such as a long-term, coherent, and effective social policy. This is, in a sense, the result of many years of lack of interest of decision-makers in the successively decreasing fertility rate. The deepening demographic crisis was identified as a significant social problem too late. Moreover, realising its validity was delayed and it became a problem going beyond the private sphere, arousing mobilisation to action too slowly (cf. Blumer, 1993).

Today, fertility is a matter of concern for some public policies of the state. The issue is also present in the journalistic and scientific discourse, in which, however, there are still more questions than answers. What are the sources of Poland's population problems? Why have the pro-natal tools introduced in recent years (including the “Family 500+ programme”) not brought the expected effects? Are the current measures well-suited to the situation? Are they designed for the decades that are needed to rebuild the country's population? Is the politicisation of the fertility issue – its deprivatisation – an expression of care for creating conditions conducive to parenthood and genuine improvement of the demographic situation?

The paper attempts to answer these questions. It is a review article. Based on the extensive literature and selected statistical data (Eurostat, GUS), the sections below discuss the institutional and socio-cultural determinants of fertility, trying to compare the situation of Poland to other European countries and indicate the causes of the demographic crisis, taking into account current tensions between the private and public spheres.

Institutional determinants of fertility – the role of social (and family) policy

Each European state shapes its own social policies, also in terms of pro-demographic activities, taking into account its specific economic and socio-cultural conditions. The literature provides various typologies of social policies (see: Saraceno, 2007; Szczudlińska-Kanoś, 2019), however, the classic division into three main models: liberal, conservative, and social democratic proposed by Esping-Andersen (1990), is most often used (cf. Balcerzak-Paradowska, 2009, 2014; Durasiewicz, 2017; Golinowska, 2018; Zgliczyński, 2017). This classification is based on the concept of the welfare state, and each of the models, created in a slightly different historical and cultural context, is constituted by one of the guiding principles – freedom, equality or solidarity.

In the **liberal model** (implemented, e.g., in Ireland), freedom is the dominant value in social policy, and market mechanisms are the main regulators of socio-economic processes, thus the state interferes in the affairs of the individual and family in incidental situations, and to a minimum extent. This also applies to social interventions, which is why the model assumes the smallest redistribution of funds for social purposes. The range of social rights of citizens is very limited, and social benefits are selective,

directed to individuals most in need and, additionally, subject to the income criterion. Relatively low social benefits are to prevent individuals from becoming dependent on the received support and to foster the creation of conditions for self-empowerment and self-help activities, including finding a job. In this individually oriented model, it is assumed that having children is a private matter of parents, so pro-natal stimuli are not particularly extensive, nevertheless, family benefits are universal.

The **conservative model** (e.g., in Austria, Belgium, France, Germany) is based on the principle of solidarity. Here, regulatory functions are performed by the state, which is also the guarantor of the social rights of citizens and organises the redistribution of funds, e.g., in the form of the social security system. Social benefits depend on the status of an individual on the labour market and are based on the solidarity between employers and employees. This model strongly emphasises the primary role of the family in meeting the needs of individuals, and in its classic version favours the petrification of the traditional (patriarchal) model of family life (with a man whose paid work allows him to support his family and a woman who usually functions outside the labour market and provides unpaid housework). Highly developed benefits for families are to support them in performing reproductive and care functions, therefore, social services provided by external entities are poorly developed in this model.

In the **social democratic model** (e.g., in Norway, Denmark, Sweden, Finland) social policy is grounded on egalitarianism, which guarantees social cohesion and solidarity. In this model, the welfare functions of the state are the most extensive, which is connected with high taxes but, at the same time, common access to satisfactory social benefits and an extensive system of services is guaranteed. All citizens are entitled to benefits (including family benefits), but their amount is directly related to employment. Because of the high level of social security, the system is attractive not only to representatives of the lowest classes, who are under multidimensional social risks (which is typical, e.g., of the liberal model), but also to representatives of the middle classes. A characteristic feature of the Scandinavian model, co-determining its attractiveness also for well-educated and well-off people, is a clear emphasis on gender equality and the promotion of universal participation of women in the labour market, e.g., through a developed system of institutional facilities that allow mothers to combine family and professional roles. The variety of available family policy instruments used within this model (from solutions supporting families in childcare, through universally available public services addressed to various categories of recipients, to tax reliefs) is based on the assumption that children are a necessary condition for ensuring the continuity of society as a whole, therefore, participation in the costs of their maintenance is the responsibility of this society.

The solutions implemented within family policy (as part of social policy) in each of the models reflect the position and role of women in society, and indirectly they implicate the correlation between individual reproduction preferences, decisions, and their macro systemic background. Thus, it is possible to describe specific ideas in a particular cultural context. They can be presented on a continuum – from (quasi)patriarchal solutions based on the traditionally understood division of gender and family roles (conservative model, breadwinner model), through egalitarian solutions and mutual responsibility of partners in the performance of household duties (liberal mod-

el, dual breadwinner model) to a clear emphasis on issues related to women's emancipation processes (social democratic model).

The classification presented in 1990 by Esping-Andersen, was completed in later years with two more models – **Southern European** (Ferrera, 1996) and **Central-Eastern European** (Fenger, 2007). The former one (typical for Italy, Spain, Greece, Portugal) was initially identified as a variant of the conservative model, due to strong familialism, promotion of the traditional model of the family, emphasis on its fundamental functions in supporting the weakest members of society, and the limited role of the state in this area. In this model, more than in any other, attention is paid to maintaining family cohesion and care for strong family ties, which in turn is supposed to limit the responsibility of the state for the development of initiatives supporting families. A characteristic feature of the social policy implemented under this model is the inconsistency of the support offered to citizens, which results in numerous contradictions – social benefits are highly selective, the system favours some groups at the expense of others (e.g., pension benefits are relatively high, family benefits – low), and the offer of available social services is not very extensive. This model is sometimes referred to as fragmented or clientelist, as it balances between actions for the social security of citizens and the particular political interests of decision-makers.

The **Central-Eastern European model** (e.g., Poland, Czechia, Hungary) developed last as a result of the socio-economic changes at the turn of the 1980s and 1990s. The problems of the post-socialist states, initiated (or revealed) by the systemic transformation (structural unemployment, poverty, social stratification, etc.) collided in the first period of changes with the withdrawal of state institutions from their care functions or the provision of social services. The transformation crisis, the low level of state spending on social purposes, and the selective nature of benefits (often considered unfair or even harmful to the losers of the transformation, see: Kaźmierczak-Kaluźna, 2010) did not help solve social problems but even led to their petrification⁵. It could

⁵ Czechia is unique among post-Soviet countries. The model of social policy that developed there is a kind of hybrid of the three models distinguished by Esping-Andersen (1990). The Czechs did not experience as many transformation problems as other countries in the region and they were able to develop labour market policies and institutions and introduce solutions that appeared much later in other countries or are still only a subject of discussion (e.g., the act on supporting children, act on social services, the “income” act, which guarantees the level of wages and salaries is motivating compared to social benefits, cf. Golinowska, 2018). Perhaps it is meeting socio-economic problems that have become the key to today's demographic success of Czechia. At the end of the 20th century, this country had the lowest fertility rate in the world, and in 2020 it achieved one of the highest rates in the EU (1.71), second only to France and Romania. The reasons for the success of the Czech Republic are seen in macroeconomic conditions (low unemployment rate and low level of poverty), flexible labour market solutions (part-time work, teleworking, paternity leave, etc.), an extensive system of cash benefits for children (including maternity, paternity, parental, compensatory benefits), as well as legal regulations regarding, e.g., in vitro fertilisation (the Czech Republic is a leader in Europe in this respect) (cf. ESHRE, 2017), or tax reliefs for children. The example of the Czech Republic shows that it is possible

have been assumed that the principle of combining paid work of both partners with family roles, preserved for decades in the socialist realities, would remain in the new socio-economic order. However, in the initial period of transformations in Central and Eastern Europe, the emancipatory assumptions of the social-democratic model were abandoned in favour of (quasi)liberal solutions, and a decisive return to traditional forms of family with a man as the sole breadwinner and a professionally inactive woman was observed.

However, these trends are constantly evolving. In some countries of the region (e.g., Czechia, Slovakia), thanks to ongoing cultural changes (the role of active women's movements is important here) and increased financial opportunities (EU funds), attempts are being made to implement solutions similar to the Scandinavian model (especially in terms of services that help to combine family roles with paid work). In other countries, such as Poland, there is also a greater concern for the family, but the main instrument of support is direct money transfers, which are typical of the conservative model (see: ESHRE, 2017; Aspalter et al., 2009; Balcerzak-Paradowska, 2014; Golinowska, 2018).

The models of welfare states and welfare regimes created years ago are subject to modifications due to the socio-political, economic, and technological changes taking place in individual countries. The objective conditions and visions of development change, value systems, social role patterns, fertility preferences evolve, as a result of which these models are constantly "updated". New proposals appear, and they include additional criteria as well as components, such as education or health care (cf. Aspalter, 2017). Classic models are also subject to the processes of hybridisation (cf. Hacker, 2009) and convergence (Balcerzak-Paradowska, 2014; Golinowska, 2018). The discussion on the models of the welfare state and changes taking place within them is, among others, a result of new social risks that have been increasing since the beginning of the 21st century (e.g., the 2008 crisis), and the growing inefficiency of the instruments used so far. Hemerijck (2013) describes these processes as recalibration. In his opinion, individual systems are aimed at making social protection significantly related to the employment of individuals and they shift from excessive support directed at those not participating in the labour market to motivating and supporting those who remain in the labour market or return to it. Employment (of both men and women) is to be strengthened by flexible educational or rehabilitation solutions. In terms of fertility, institutional support, in the form of facilities that enable combining family and work responsibilities, is also essential.

Despite dynamic changes in social and family policy models and differences in specific patterns of pro-family activities applied in individual EU states, nearly all EU countries share one goal. It is the creation of conditions that are conducive to the formation of families, their development and the comprehensive satisfaction of their needs, including living needs and those related to raising children (Durasiewicz, 2017). The most effective instruments seem to be those that are holistic in nature, in which the family is placed in a broad institutional context, and they harmonise with activities

to influence the fertility rate effectively, and, thanks to a long-term strategy, to get out of the demographic impasse (Ditrich, 2022).

in other areas of social policy. Solutions designed in this way, together with the system of social benefits (including direct cash transfers) addressed to families, can be effective and quite universal tools of population policy.

The similarity of the implemented initiatives proves that today's population challenges and their socio-economic consequences are common to all European states. However, the degree of the convergence of the applied projects does not radically change the social policy models implemented in specific countries and embedded in the historical and cultural context, but it allows one to distinguish European solutions from those existing in other regions of the world. Thus, it facilitates the formation of a relatively universal European model of social policy, based on shared values and principles, such as equal opportunities, partnership, social inclusion, participation, and activation (Balcerzak-Paradowska, 2014; Golinowska, 2018)⁶.

Family policy instruments in Poland – pro-demographic context

Despite differences in the implemented models of social and family policy, as well as variations in defining gender roles, family practices, and patterns of family solidarity, in most countries of the European community it is still the family (especially the woman in the family) that is the main source of support for dependent people who need care, including children (Igel et al., 2009; Szelewa & Polakowski, 2008). In Southern and Central Eastern Europe, as well as Poland, patterns of intergenerational support are deeply rooted, which is emphasised by both models of social policy and which causes a relatively greater sense of duty towards the family and its members. Therefore, family policy together with money transfers and social services provided within it serve often only as a supplement to family solidarity, based on informal rules and emotional bonds (Szyszka, 2017). However, in view of currently observed changes in attitudes towards fertility and family, a large part of society may find this way of understanding and implementing policy, including pro-natal activities, increasingly difficult to accept. It can also generate or exacerbate the tension between individual needs and preferences in this area, and – to a large extent – externally defined possibilities of action.

For a long time, this way of thinking about family support was dominant (or even binding) in transforming Poland, where the foundations of modern social policy were created in specific, even for Central Eastern European countries, economic and socio-cultural conditions (Golinowska, 2018). As late as in the first decade of the 21st century, in the face of accumulating demographic problems, solutions aimed at both improving the material living conditions of families and increasing the fertility rate began

⁶ Some researchers point out that despite these “foundations”, the convergence of social solutions, even in Europe, is not a smooth and fast process. It is much easier to develop common European standards in the economic areas than in the social ones. Due to the influence of traditional values, shaped by history, deeply rooted in culture and established in institutions, good practices developed in one state are often difficult to adopt in another. In this context, culture may be a barrier to integration (see: Barbier, 2013).

to be introduced. Initially, these were just direct cash transfers, e.g., a single family allowance with supplements introduced in 2004 or a one-time childbirth bonus introduced in 2006. It was only with time that family policy instruments appeared in the form of tax reliefs and service benefits.

Solutions implemented over the last few years, such as extension of paid parental leaves; paternity leaves; annual benefits for mothers who did not work before childbirth or were insured in Agricultural Social Insurance Fund; Large Family Card; development of childcare institutions; a system of tax credits for children; the use of the “one zloty for one zloty” mechanism in family benefits (Magda et al., 2019; Ruzik-Sierdzińska, 2018; Witkowska, 2017), were mostly initiated in times of relatively good economic conditions. They brought an improvement in the financial situation of some families with children, but not an increase in the number of births. The lack of natalist effects results from the lack of consistency of the implemented ideas and the contradictions inherent in them. Some of the solutions (e.g., increased access to institutions providing child care) are aimed at equalising the situation of parents in the labour market and increasing the possibility of combining paid work with family life, while others are conducive to perpetuating the traditional division of roles – with a man oriented on his career and only “helping” at home and a mother staying outside the labour market for a long time, focused on caring functions (e.g., longer parental leaves, but without an obligatory part for fathers) (Sikorska, 2021).

In 2016, under the “Family 500+” programme, the first universal childcare benefits were introduced in Poland. A breakthrough in its form, the new instrument of family policy was to constitute an investment in human capital and support the implementation of pro-natal and social goals defined as equivalent (The Act of February 11..., 2016). Initially, the benefits were available only for the second and subsequent children (the first and only children were entitled to the benefit after meeting the income criterion by the family). In 2019, the programme was extended to all children regardless of the economic status of the family.

Previously, the Polish system of financial support for families with children was based solely on family allowances (significantly lower than child benefits, and connected with the income criterion) and tax reliefs. New transfers not integrated with the already existing forms of aid led to their marginalisation (Magda et al., 2019). The programme itself, however, fitted into social expectations and was recognised as a qualitative turn in the state’s family policy, causing a radical change in its perception (CBOS, 2016; 2018; 2019b). Apart from the doubts raised by some researchers concerning the high cost of the programme and its impact on the labour market (decrease in women’s employment) (Magda et al., 2019), it can be assumed that there is now a relative consensus in the journalistic and scientific discourse as to its social effects (Każmierczak-Kałużna, 2019; Prokopowicz, 2017; Rymśa, 2017)⁷.

⁷ Polish Statistics data show a decrease in the extent of poverty in Poland in recent years. The reasons for the observed changes include a good economic situation and new social transfers addressed to families with children. Small fluctuations in this area in the years 2017–2021 (e.g., stopping the downward trend in 2018) are considered to be the effect of growing inflation, lack of indexation of child benefits, and the pandemic (GUS,

Nevertheless, in terms of pro-demographic activities, the programme did not bring the intended results (Kaźmierczak-Kaluźna, 2020). Heralded by its creators as an antidote to the demographic collapse of Poland, it turned out to be completely ineffective in this area (Chart 1).

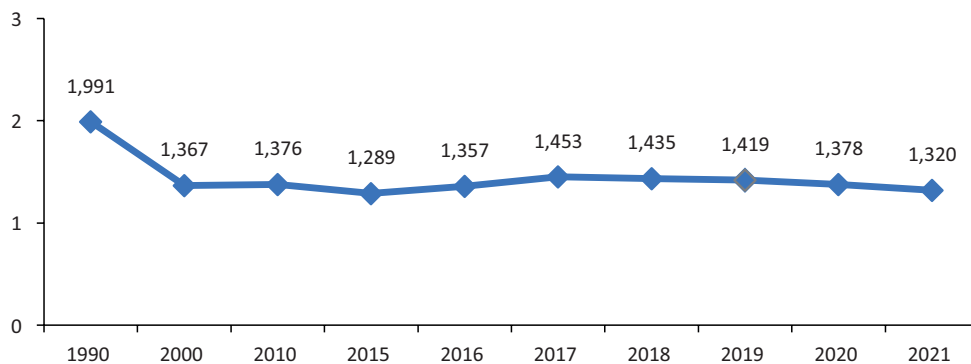


Chart 1. Fertility rate in Poland between 1990 and 2021

Source: Based on GUS (2022a, 2002b)

The increase in the fertility rate in Poland to the highest level in 20 years, observed in 2016–2017, was only a short-term effect of the impact of the new tool. Demographic analyses show that although women aged 25–34 still give birth most often, the fertility rate in older age categories has increased significantly, which may mean last-chance births, and this may not be a direct effect of the programme. A relatively substantial increase, especially in 2017, in the number of births (402,000) referred mainly to second, third and subsequent children, and not first births (GUS, 2018). This is a worrying trend because it is the reservoir of first births that is the largest and first births are mainly responsible for population growth (Bartnicki & Alimowski, 2022). The decreasing participation of first-born children in the total number of births may be an indicator of the growing number of individuals/couples who intentionally do not want to have children or signal a problem related to postponing the decision to have a child. Both childlessness and delayed child-bearing, which, due to women's biological fertility decreasing with age, is a risk factor in this context, are problematic for demographic development, as they perpetuate the unfavourable situation (Magda et al., 2019).

After two years of relative increase, 2018 saw a significant drop in the number of births again. This trend is constantly deepening, which seems to confirm the conclusion that attempts to influence demographic development on an ad hoc basis are not

2022d). Positive trends are also visible in Eurostat data, which show the systematically decreasing scope of severe material deprivation in Poland (GUS, 2017). However, the current situation – the war in Ukraine, galloping inflation, energy crisis, and the risk of a serious economic slowdown and an increase in unemployment – makes the forecasts in this respect less optimistic.

enough. Even a significant increase in spending on family policy and high financial transfers directly to families do not bring quick effects and do not translate directly (certainly not immediately) into the rate of population growth (cf. Rękas, 2013).

In the early 2020s, Poland is at a stage of demographic development that even an increase in the fertility rate to a level that guarantees simple replacement of generations will not reverse the negative trends and will not stop the country's population from further shrinking in a short time. This is also due to biological determinants. A natural factor influencing the fertility rate is fertility and the population size of women of reproductive age (15–49 years), and in particular women at the age with the highest birth rate (25–34 years). However, the three-decade-deep birth depression in Poland has caused structural changes in the population, as a result of which the number of women of childbearing age is gradually decreasing (Magda et al., 2019). The cohorts entering adulthood today are (and will be) much less numerous than those from the baby boom period at the turn of the 1970s and 1980s. Therefore, it will be difficult to improve fertility rates significantly in a short period of time. The process of demographic reconstruction takes at least one generation. Thus, it requires long-term visions and consistent, often unpopular, actions that go beyond election cycles (Grant et al., 2005). Systemic solutions designed for decades are needed, as part of an inclusive family policy and other social policies.

Political and social consensus in pro-demographic activities is necessary because the decline in fertility, together with the ongoing ageing of the population and rapidly growing dependency ratios bring long-term, severe consequences for the entire economy and society. They cause problems in the functioning of the labour market, disturb the balance of the pension system, burden the healthcare system, etc. The process of nuclearisation of the family, which accompanies the population and socio-economic changes, directly affects the ability of the family to care for dependent persons, and this significantly increases the need for institutional forms of care and radically increases its costs. In the long term, it is important for the efficiency of the social assistance system. Therefore, it is important to place demographic and family policy activities in a broad institutional context.

In the EU member states, relatively high fertility rates are typical of those countries where a coherent policy (in the sense presented above) is implemented and consistently pursued on the basis of two foundations – striving to equalise parental duties performed by mothers and fathers and making it easier for both parents to combine paid work and parenthood (Sikorska, 2021). In Poland, the need to develop such forms of family support is most often noticed by the inhabitants of the largest cities as well as the well-educated and wealthy people (CBOS, 2018). However, the family policy model in Poland, which is an example of a (quasi)conservative system, is vague in this area, and the actions taken are often provisional, unrelated and subject to change. In view of the considerable unpredictability of the family and fertility support system, even high cash transfers offered to Polish families today do not have a decisive impact on the sense of stability and financial security. It is wages and salaries, including those earned by women, that are of primary importance for the sense of security and stability. Women's employment in Poland is relatively low compared to other European countries (61% of women were in paid employment in 2019, compared to the EU av-

erage of 68%), and the reasons for this are seen in women's excessive burden of household duties and insufficient access to institutional care for the youngest children. Infrastructural deficiencies and an uneven division of household duties, placing women in the role of "everyday managers" and the only "specialists" in this field, and men only in the role of "helpers" offering support, are serious barriers to demographic development (Sikorska, 2021)⁸.

Socio-cultural determinants of fertility – Polish specificity

The causes of the deepening population crisis in Poland should also be sought in socio-cultural conditions. The modern family is changing rapidly in its structures and functions, and some researchers pessimistically announce the crisis or death of the family and herald its permanent decomposition, and disintegration (Popenoe, 1993).

One of the indicators of the ongoing changes is the progressing process of family nuclearisation, which is (co)responsible for the dramatic decrease in fertility, and influences the effectiveness of care functions. The ongoing deinstitutionalisation of marriage and family is also significant (Cherlin, 2004; Żurek, 2020). Getting married, starting a family, and having a child today is a fully autonomous choice of an individual or a couple; it is just one of many alternatives, a possibility, not a biological or socially imposed necessity. The foundations of building a modern family are agency, reflexivity and choice, thus it is becoming more and more accepted to have a "bricolage" ("do it yourself") family, the shape and functioning of which correspond to the individualised needs and preferences of individuals, often going beyond socially propagated standards (Duncan, 2011).

The socio-economic changes taking place in Poland after 1989 were reflected in the changing structure as well as a hierarchy of values and life goals of individuals. In addition to the traditionally perceived family values typical of collectivist-oriented social orders, other values such as subjectivity, freedom and self-actualisation are becoming more rooted in Polish society. As a result of the parallel changes in social bonds, a sense of community gives way to autonomy and individualism. Slightly against, or parallel, to the still firmly established traditional patterns, a slow but thorough redefinition of stereotypes and gender roles, including family roles, is taking place. Thanks to the ongoing emancipation processes and the development of feminist movements, women expect their partners to be more and more involved in family life and their relationships more and more egalitarian (CBOS, 2020). Moreover, a satisfying and time-consuming job competes or even wins in the competition for primacy with the family or (another) child. A career and functioning in other than family areas become a value equally important for both men and women (Marody, 2012). Thus, the traditional love-marriage-mother-

⁸ It is interesting whether another government programme Family Care Capital, launched in 2022, will bring any demographic effects. A new benefit of a maximum 12,000 Polish zlotys (paid for 12 or 24 months) for the second and subsequent child is offered to parents of children aged 12 to 35 months and maybe a step in the right direction, as it is intended to finance the costs of childcare (The Act of November 17..., 2021).

hood scenario for women (Titkow et al., 2004) loses its attractiveness, which allows them to violate the patriarchal foundations of relationships.

The socio-demographic effects of the processes outlined above are additionally reinforced by institutional shortcomings. From this perspective, parenting is still almost exclusively “private”. The state is outside it, and its authorities seem to react insufficiently to the ongoing changes or do not keep up with their pace. In the absence of infrastructural facilities offered to families such as universal access to childcare institutions, women often postpone the decision about motherhood or resign from child-bearing plans out of fear of losing their jobs or leaving the fast career path. According to modern parenting standards, having children requires almost 100% commitment, thus it is a serious emotional, financial, and logistical challenge. It affects the quality and rhythm of the daily life of the individual or couple. For some, it is an unacceptable scenario, hence the increasingly common, conscious decisions to postpone child-bearing, to be childless or to have only one child.

Socio-cultural changes taking place in the contemporary family and its environment are so significant that they must be unconditionally included in the planned pro-natal activities. It seems necessary to radically reorient the dominant way of thinking about the family in Poland and to promote diversity, especially models of life based on egalitarian principles of partnership. A broad, inclusive definition of the family is needed to be used as part of the family policy so that comprehensive support can also be provided to people who function outside the traditional nuclear family (Sikorska, 2021). Without noticing and accepting the changes taking place in the modern world, or without genuine care for an institutional environment that is friendly to families with children, an effective impact on the fertility rate is unlikely.

Conclusions

The multiplicity of factors having a direct or indirect impact on the fertility rate makes attempts to interfere in this intimate sphere of individuals' lives and create population policy at the macro level not easy by definition. It is certain, however, that ad hoc measures do not improve fertility rates and are often counter-effective.

The current situation of Poland (and other European countries) shows the dangerously perpetuating demographic implosion. However, studies and examples of some countries indicate that it is possible to slow down fertility decline and stop negative trends (or even reverse them – see the example of the Czech Republic). However, it is important to be aware that random, isolated interventions do not bring long-term results, and solutions that work in one country may not always be accepted and effective in another (cf. Barbier, 2013). The process of demographic reconstruction is time-consuming and requires actions that are planned for decades, and that are embedded in the economic, socio-cultural, and political context (Grant et al., 2005). It is also important to prevent or eliminate disharmony between individual (private) and external (public) determinants of childbearing decisions.

One of the most important conditions for an increase in fertility is socio-economic balance and a sense of stability. The last two years – the pandemic, the war in Ukraine,

the energy crisis, the economic slowdown, etc. – have unbalanced a large part of the modern world, including Europe and Poland, destabilising the existing rules of functioning, introducing uncertainty about the future, and significantly straining the sense of security that was built and consolidated in the 2010s.

The above-mentioned crisis phenomena have an impact on the reproductive plans and decisions of Polish women and men, as evidenced by the constantly deteriorating demographic indicators. The pandemic certainly did not help to increase fertility (cf. Aasve et al., 2020; Kuropka et al., 2021). The lockdown baby boom did not occur, and – as the data analysed above show – in the years 2020–2021 the fertility rate decreased. It was an effect of the sense of uncertainty and worry generated by the extraordinary situation. On the one hand, people experienced fear about their own and child's health when access to doctors and health care (including hospital care) was significantly hindered, worrying about getting pregnant (e.g., in the context of long-term stress related to the pandemic), and childbirth (e.g., suspension of the procedure of family deliveries); on the other hand, they felt uncertainty about the future, the functioning of the labour market during the pandemic and return to work after childbirth (e.g., the risk of losing a job, worrying about providing childcare when the activities of childcare and educational institutions, i.e., nurseries, kindergartens, and schools, were limited during the pandemic).

Sanitary restrictions and limitations on the activity of public offices and the organisation of weddings were also significant in this context. The number of births is strongly correlated with the number of solemnised marriages. Despite the changes taking place in this area, almost 75% of children in Poland are born in marriages and more than half of them in the first three years of the marriage. During the pandemic the number of solemnised marriages decreased significantly – in 2020 just over 145,000 marriages were solemnised, that is over 38,000 fewer than a year earlier. This also had an impact on fertility (GUS, 2021).

Recent legal changes concerning infertility treatment and limiting access to legal abortion do not help to improve fertility rates. In 2016, the National Programme for Infertility Treatment with In Vitro Fertilisation, which provided couples with financial support for three IVF procedures, was closed. The problems of infertility are becoming more and more common in Polish society, and the high costs of IVF procedures are an insurmountable barrier for a significant number of couples trying to have a child. Therefore, the abandonment of the programme raises doubts.

According to experts, the decision to have a child may also be significantly influenced by the restriction on access to legal abortion introduced by the Constitutional Tribunal in 2020, even in the case of foetal lethal defects. It is worth emphasising that in 2013, when abortion in such cases was legally permissible, every fourth respondent included in what is called demographic reserve, pointed to the probability of genetic defects in the child as an important reason for abandoning reproduction plans (Kotowska, 2014). In view of the successively increasing age of women giving birth to children (which involves serious medical risks), it can be presumed that the restrictive abortion law will be an additional factor hampering the birth rate. It is emphasised by the members of the Demographic Sciences Committee of the Polish Academy of Sciences, who claim that the change in abortion law does not only violate what is called the abortion compromise reached in the 1990s by rekindling and exacerbating

the ideological conflict in Polish society, or undermine public trust in the authorities, but it also brings a risk of multidimensional and long-term socio-demographic consequences. The new regulations disrupt the family planning process, increase the fears of women and their partners related to becoming pregnant (which may lead to further delays in the decision to have a child or abandonment of child-bearing plans), and significantly increase the risk of a higher number of abortions in inappropriate conditions, which threatens health and life of women, and may result in difficulties in conceiving in the future. Thus, the new law may significantly contribute to the further deterioration of the demographic situation in Poland, where the fertility rate is already extremely low (Komitet Nauk Demograficznych Polskiej Akademii Nauk, 2020).

These legal regulations, which restrict individual freedom, and their expected demographic effects show how undesirable excessive interference of politicians in the family and the individual is. The excessive privatisation of fertility issues and depriving families with children of systemic support and facilities conducive to fertility (which has been practised in Poland for many years and which indirectly led to the demographic collapse), as well as the extreme politicisation of this delicate sphere of life (e.g., by introducing a strict law) are harmful from the perspective of pro-natalist goals. Caring for fertility is caring for each individual and society as a whole. In terms of state institutions, they should build a lasting sense of security for citizens (also in relation to women's reproductive rights), but above all, they must create a coherent and inclusive (pro)family policy, which will also include people functioning outside the traditional models of family life. It should accept in its assumptions changes occurring in contemporary families and their environment. Finally, it must be closely related to other public policies.

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