

KONFERENCJA
Komitetu Nauk Demograficznych PAN

pt. *Zdrowie reprodukcyjne a dzietność w Polsce – perspektywa demograficzna*

w ramach cyklu pt. „Zdrowie reprodukcyjne w przebiegu życia”

Data: 23.10.2024

Miejsce: Pałac Staszica, sala im. Adama Mickiewicza, ul. Nowy Świat 72, 00-330 Warszawa

Forma: hybrydowa (stacjonarna i online)

W Polsce, podobnie jak w innych krajach Europy oraz rosnącej liczbie krajów pozaeuropejskich, dzietność nie gwarantuje zastępowalności pokoleń (*subreplacement fertility*). Ponadto coraz więcej krajów doświadcza jak Polska niskiej dzietności (*low fertility* - ogólny współczynnik dzietności nie przekracza 1,5 urodzeń na kobietę w wieku rozrodczym). Jednocześnie luka płodności (*fertility gap*), zidentyfikowana w wielu krajach, wskazuje, iż liczba dzieci urodzonych jest mniejsza od pożądanej liczby dzieci.

W dotychczasowych dyskusjach o przyczynach utrzymywania się niskiej dzietności w Polsce oraz o rozwiązaniach wybranych polityk publicznych, w tym głównie polityki rodzinnej, które mogą wspierać prokreację, mało uwagi poświęcano zdrowiu reprodukcyjnemu. Natomiast w debatach o globalnym charakterze procesu utrwalania się płodności na poziomie, który nie gwarantuje prostej zastępowalności pokoleń, problematyka zdrowia reprodukcyjnego zyskuje bardzo wyraźnie na znaczeniu. WHO uważa problemy z płodnością kobiet i mężczyzn za istotny problem zdrowotny współczesnego świata i zaleca działania z zakresu zdrowia publicznego, które mogą zmniejszyć znaczenie problemu niepłodności na świecie. Analiza zdrowia reprodukcyjnego w Polsce wymaga zrozumienia złożonych uwarunkowań trendów demograficznych oraz ich skutków.

W obecnej kadencji Komitet Nauk Demograficznych PAN uczynił temat zdrowia reprodukcyjnego kluczowym przedmiotem organizowanych debat w formie cyklu konferencji pt. „Zdrowie reprodukcyjne w przebiegu życia”. Planowany zakres tematyki obejmuje: przegląd ujęć teoretycznych problemu oraz wyników dotychczasowych badań polskich prowadzonych z perspektywy określonej dyscypliny lub ujęć interdyscyplinarnych (statystyka, demografia, socjologia, medycyna i nauki o zdrowiu), a także przegląd rozwiązań w ramach polityk publicznych dotyczących zdrowia reprodukcyjnego w wybranych krajach i w Polsce. Na podstawie cyklu konferencji możliwe będzie sformułowanie rekomendacji odnośnie do koniecznych działań na rzecz poprawy stanu zdrowia reprodukcyjnego Polaków adresowane do decydentów szczebla krajowego.

Cykl inauguruje międzynarodowa konferencja pt. „Zdrowie reprodukcyjne a dzietność – perspektywa demograficzna”, która odbędzie się w formie hybrydowej 23 października 2024 roku w sali im. Adama Mickiewicza w Pałacu Staszica. Zaproszenie do udziału w konferencji przyjęli zagraniczni i polscy eksperci.

Zdrowie reprodukcyjne a dzietność – perspektywa demograficzna

Reproductive health and fertility - a demographic perspective

Wstępny program

10.00-10.30	Rejestracja
10.30-10.45	Otwarcie konferencji Elżbieta Gołata – Przewodnicząca Komitetu Nauk Demograficznych PAN Jolanta Grotowska-Leder – Vice-przewodnicząca Komitetu Nauk Demograficznych PAN
10.45 - 12:15	Sesja I Moderator: Anna Matysiak Stanisława Golinowska, Reproductive health in the perspective of public health Eva Beaujouan, Age, infertility and assisted reproduction in a changing society
12.15 - 13:15	Przerwa obiadowa
13:15 - 15:30	Sesja II Moderator: Monika Mynarska Jiřina Kocourková, Demographic consequences of the use of assisted reproduction in Czechia and the role of cross-border reproductive care Krzysztof Tymicki, Fertility change in Poland - postponement and recuperation Wiktoria Wróblewska, Losses in the demographic and procreative potential of women - the case of Poland
15.30 - 16:00	Podsumowanie konferencji: Jolanta Grotowska-Leder, Irena E. Kotowska Zamknięcie konferencji: Elżbieta Gołata

Abstrakty wystąpień

Stanisława Golinowska • Jagiellonian University

Reproductive health in the perspective of public health

Despite wishes, appeals, and declarations to give greater consideration to health issues in state activities, the care for health remains insufficient. Consequently, resources for healthcare and the treatment of various existing diseases are scarce.

Among the population's health problems, the disruptive effects on the evolutionary and sustainable course of procreation processes due to environmental, socio-economic, and political factors are becoming increasingly apparent. One troubling outcome of these disruptions is a systematic decline in birth rates over a long period, showing the characteristics of a trend.

Viewing this phenomenon from a public health perspective highlights issues and activities related to health education (including sexual education), the consequences of risky behaviours for health and fertility resulting from unhealthy lifestyles, and the lack of access to appropriate health services. It considers the health of pregnant women, the foetal life stage, and the health of mothers and children during the first few months of the child's life.

Eva Beaujouan • University of Vienna

Age, infertility and assisted reproduction in a changing society

The age at which people are having their first child is skyrocketing in a number of European and East Asian countries. In this talk, I address the implications of this delay for individuals and for fertility levels. I cover the questions of unfulfilled fertility intentions, increased biological childlessness, and rising Assisted Reproductive Technology (ART) use at older ages. Elements suggest that a rising number of women are experiencing fertility barriers, and that fertility levels are being affected by the delay in first births in an increasing number of countries.

Jiřina Kocourková • Charles University, Prague

Demographic consequences of the use of assisted reproduction in Czechia and the role of cross-border reproductive care

The importance of assisted reproduction (ART) has increased significantly over the last two decades due to postponed childbearing and increasing infertility threats. In line with growing use of ART worldwide, there is a need to enhance the understanding of the use of ART as a new component of demographic reproduction.

Accordingly, the first aim is to assess the importance of increasing use of ART for recent and future fertility trends in terms of tempo and quantum, based on the quantification of the contribution of ART to the increase in the TFR and measurement of the impact of ART on birth timing. Czechia can serve to study the demographic impact of ART use, as it is one of a few countries that have consistently maintained a high percentage of ART births since 2005 (over 4%). We have found that ART significantly contributed to a reduction in childlessness and to the increase in fertility rates at ages over 35. Findings show that ART has the potential to support fertility recovery in the

context of delayed childbearing. The findings also served to alleviate concerns about the contribution of ART to the further undesired delay of childbearing.

Secondly, the demand for ART has been increasing in most European countries; however, differences in the availability of ART persist. As a result of the limited availability or unfavourable legislation governing ART in a number of countries a new and associated phenomenon—cross-border reproductive care (CBRC)—has emerged. The second aim is to contribute to the overall understanding of the recent expansion of CBRC by analysing the increasing use of ART in Czechia, one of the main target countries for cross-border reproductive care. The results point to the relatively liberal legislation in Czechia, the advanced level of health care, the safety of the various procedures, donor anonymity, and above all, the low cost of performing assisted reproduction compared to other countries.

Krzysztof Tymicki • SGH Warsaw School of Economics

Fertility change in Poland - postponement and recuperation

Changes in fertility patterns in Poland up to year 2023 are presented using the postponement and recuperation framework. The Central Statistical Office data from birth registrations are used to reconstruct both period and cohort measures. The analytical techniques applied allow us to identify to what extent the observed changes in fertility levels result from the shifts in timing (postponement) and quantum (number of children). Moreover, the so-called “recuperation effect” on observed cohort fertility is estimated as well. This effect reflects both the shifting of women’s decisions about childbearing to later ages (postponement) and regaining some of the postponed births later in time. Considering reproductive ageing, that is, decreasing fecundability with age, the full recuperation might not be possible, which could translate to lower observed cohort fertility. Therefore, fertility recuperation prospects need to be framed within the reproductive health debate. Policy measures supportive of fertility recuperation should be considered as well.

The analysis of postponement and recuperation focuses on parity since changes to both fertility timing and quantum are linked to remarkable shifts in births by order: postponement and recuperation of first and second births and a permanent decline in third and higher order births.

Wiktoria Wróblewska • SGH Warsaw School of Economics

Losses in the demographic and procreative potential of women - the case of Poland

Reproductive health, understood as overall well-being in physical, mental, and social dimensions, shaped at various stages of human life, leads to a broader analysis of women's health resources and the limitations affecting birth rates and childbearing intentions.

The presented paper assumes that the fundamental component in fertility analyses and the formation of birth rates is the demographic potential of women, understood as the number, age structure, and health status of women.

The paper addresses the losses in the female population in Poland resulting from their premature mortality and health limitations. Changes in the age structure of reproductive women and their aging will also be analysed. Based on the lost years of women's lives, potential losses in the number of births will be estimated. Microdata from health status surveys will be used to assess the health of women of reproductive age and its impact on fertility plans.