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Content

The Impact of the War in Ukraine on the Development of Wheat and Rye Prices: An Analysis for the Period 2018-2024	1
Beata Kaplanová, Vilém Kovač, Michal Ištok	
Does Digital Readiness Shield or Expose Economies? Evidence from Natural Gas Shocks and Volatility in the European Union	16
Jan Voharčík, Bohumil Koutník	
Analysis of the similarity of unemployment development in individual regions of the Czech Republic in the years 2009-2024	36
Karolína Egererová, Jozef Adamko	
Development of Wheat Prices and the Development of Selected Wheat-Based Products in the Czech Republic	53
Natálie Pýchová, Viera Mokrišová	
Development and Forecast of Unemployment in the Czech Republic in Comparison with EU Countries	75
Kateřina Jíchová, Jozef Adamko	
Development and Forecast of Unemployment in the Czech Republic	96
Tereza Kalinová, Vilém Kovač	
THEORETICAL STUDIES	
Modernization of Sports Governance in Slovakia After the Establishment of the Ministry of Tourism and Sports	116
Milena Švedová	
A statutory model of compensation for the use of works in artificial intelligence training as a proposal for systemic strengthening of copyright in the era of machine learning	125
Andrzej Madera	
The ethics of cryptocurrencies: between financial freedom and social responsibility	131
Wojciech Słomski	
Demographic policy in conditions of depopulation (the example of Poland)	162
Zdzisław Sirojć	
REVIEW STUDY	
Problems of Knowledge Society in the Light of Philosophy	172
Anna Wawrzonkiewicz-Słomska	

Demographic policy in conditions of depopulation (the example of Poland)

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Abstract

This article provides a comprehensive analysis of Poland's demographic policy in the context of growing depopulation, combining normative frameworks (ICPD, EU Charter of Fundamental Rights, Polish Constitution) with cross-country comparisons (Czech Republic, Germany, Spain) and conclusions from demographic literature. It has been shown that cash transfers, although they reduce child poverty, do not permanently change fertility trajectories if they are not intertwined with "everyday institutions": a dense and accessible ECEC network, housing availability, gender equality in the labor market, and employment stability. The mechanism of the "delay loop" of first birth has been identified as the main channel reducing the period and cohort TFR, reinforced by housing shortages and instability in early careers. The role of migration as a buffer and catalyst was also highlighted, provided that real integration (language, validation of qualifications, housing) is achieved. A portfolio of reforms was proposed: recalibration of benefits (support for the first child), treating ECEC as work infrastructure, a "use-it-or-lose-it" component in parental leave for fathers, housing policy (social rental and fixed-rate loans), public funding of ART as an element of public health, and an "anchor" in parental leave for fathers.-it" component in parental leave for fathers, housing policy (social rental and fixed-rate loans), public funding of ART as an element of public health, and a "demographic anchor" in the budget with cyclical evaluation (every 24 months). The conclusion is that an effective demographic policy is a development strategy—a restructuring of everyday institutions—rather than transfer arithmetic; sustainable fertility is inseparable from an egalitarian organization of the life cycle.

Keywords: Demographic policy, fertility, ECEC (nurseries and kindergartens), housing, gender equality, labor market, migration and integration, in vitro/ART, reproductive health, depopulation, aging population, governance and evaluation.

Introduction

The starting point is the thesis that Poland has entered a period of sustained accumulation of unfavorable demographic phenomena: a declining birth rate, a rapid decline in the number of women of childbearing age, continuing net emigration of selected cohorts of young adults, a paradoxical increase in mortality in some age groups in the last decade, and accelerated population aging. In pessimistic scenarios discussed in the literature and strategic documents, the population of Poland could fall well below 30 million by the end of the 21st century; in extreme scenarios—with persistently low fertility and a weak migration balance—it could even fall to around a dozen million. This projection should be compared with global population growth and the fact that some Western European countries maintain higher fertility rates and are clearly more attractive to migrants. The risk vector resulting from this asymmetry is threefold: (1) economic – labor shortages and wage and inflationary pressure weakening competitiveness; (2) fiscal – growing pension, health, and care burdens; (3) territorial – polarization of development and depopulation of medium-sized cities and peripheral areas (GUS 2023; GUS 2024). In this chapter, I organize the concepts and models of demographic policy, reconstruct the channels of state influence, place the case of Poland in comparison (Czech Republic, Germany, Spain), and propose a strategic framework (goals–instruments–evaluation), consistently based on the normative anchors of international and EU law, in which demography is linked to well-being, family rights, and equality—not to the arithmetic of "numbers for numbers' sake."

Normative anchors: well-being, family rights, and state obligations

For thirty years, the modern approach to population policies has adhered to the principle that the well-being of individuals and families is at its core. The Programme of Action adopted at the ICPD conference in Cairo puts it bluntly: "The aim of population-related policies and programs is to enhance individual well-being and quality of life" (United Nations 1995: 19). The chapter on reproductive health goes on to say: "Reproductive health... implies that people... have the capability to reproduce and the freedom to decide if, when and how often to do so" (United Nations 1995: 40). In EU law, this idea is reinforced by Article 33 of the

Charter of Fundamental Rights: "The family shall enjoy legal, economic and social protection" (European Union 2012: 58). In the Polish constitutional order, this is equally clear: "The state shall take into account the welfare of the family in its social and economic policy" (Constitution of the Republic of Poland 1997, Article 71(1)). These three anchors – Cairo, EU, and constitutional – form the framework for further consideration: demographic policy is not intended to "produce births" but to remove barriers and reduce the risks associated with procreative decisions so that declared preferences can materialize (Okólski 2005: 15–35; Okólski and Fihel 2012: 11–40).

Models and mechanisms: from pronatalism to the "institutions of everyday life"

Classic approaches differentiate between pro-natalist (encouraging births), anti-natalist (discouraging births; historically – China's one-child policy) and neutral models; in practice, countries use mixed configurations, shifting emphasis depending on the economic situation, demographics and political culture (Mitręga 1995; Mitręga 2000). In the last two decades, however, the paradigm has shifted from simple cash transfers to everyday institutions – those that determine the compatibility of work and parenthood (time, income, career risk). Gøsta Esping-Andersen, analyzing the "incomplete revolution" of gender roles, notes: "a sustainable fertility level is inseparable from an egalitarian organization of the life course" (Esping-Andersen 2009: 5; cf. 183–236). Ron Lesthaeghe, in his classic synthesis of the "second demographic transition," recalls the tempo effect: delaying the first birth lowers the periodic TFR and masks the potential of cohorts; hence the need for cohort approaches and caution regarding short-term fluctuations (Lesthaeghe 2010: 217–256). The technical basis for this caution was explained by John Bongaarts and Griffith Feeney (1998: 271–291), who showed how shifts in the age of mothers at birth distort the TFR and why financial transfers alone generate short "bulges" without changing the generational trajectory. The conclusion is clear: cash benefits are necessary but insufficient; the direction of the trend is determined by care and education services, the labor market, housing, and gender equality (McDonald 2000: 427–440).

Channels of state influence: direct and indirect (structural)

From the point of view of causal mechanics, we can distinguish between direct and indirect interventions. The former include benefits and tax breaks (including components that

encourage first births at a younger age), housing vouchers and subsidies, as well as public funding for infertility diagnosis and treatment, including assisted reproductive technology (ART) procedures. Indirect interventions create the infrastructure of everyday life: a dense and affordable network of early childhood education and care (ECEC), flexibility of working hours and location, job stability, enforced equal pay and reduction of the "motherhood penalty," housing availability (social rental and predictable credit), and a predictable tax and contribution system. Cross-country comparisons and meta-analyses indicate that it is the second group—by lowering the opportunity costs of parenthood and reducing career risks, especially for women—that has a lasting impact on period and cohort fertility (Esping-Andersen 2009: 87–136; McDonald 2000: 427–440). At the micro level, housing is particularly important: the transition to parenthood is strongly associated with obtaining adequate housing, and housing regimes can either support or suppress fertility (Mulder and Wagner 2001: *European Journal of Population* 17(2), 147–174; Billari and Kohler 2004: *Population Studies* 58(2), 161–176).

Polish diagnosis: the delay loop, the housing gap, and fiscal rigidities

Polish practice over the last decade has highlighted the limitations of transfer-focused policies. Income programs have effectively reduced child poverty, but their impact on births has been short-lived and insufficient to reverse the trend. The reason is structural: the weakness of ECEC, high housing costs in metropolitan areas, and job instability in the early stages of a career create a "delay loop" for the first birth; without the first, even generous incentives for subsequent births will not work (Esping-Andersen 2009: 137–182; Lesthaeghe 2010). At the same time, the size of the 20–34 cohorts is shrinking and the working-age population is declining; the old-age dependency ratio (OADR) is rising, increasing pressure on pension, health, and care benefits (GUS 2023: 33–71; GUS 2024: 29–66). Łódź is emblematic: since the 1980s, it has lost over 200,000 inhabitants; the decline in demographic status, a thinner tax base, and rising unit costs of public services are creating a depopulation spiral that cannot be broken by ad hoc redistribution without investment in ECEC, housing, transport, and quality of life (Okólski and Fihel 2012: 263–298). "Geography" here is economics: fewer residents means a smaller fixed cost base, making it more difficult to maintain service standards and reducing the attractiveness of the area for settlement.

Comparisons: Czech Republic, Germany, Spain — mechanisms, not carbon copies

The Czech Republic is a study in the coherence of instruments. After fertility collapsed in the 1990s to "below replacement" levels, the state combined the expansion of tax breaks and benefits with the rapid development of ECEC, flexible forms of employment for women, housing packages, and widespread availability of ART. The effect was gradual: an increase in the TFR over two consecutive decades and better implementation of procreative plans despite a shift in the age of the first child (Sobotka 2011: 241–260; synthesis in: Okólski and Fihel 2012: 201–234).

After a long period of fluctuation, Germany reformed ECEC, introduced non-transferable paternity components to parental leave (the use-it-or-lose-it principle) and institutionalized the recognition of immigrants' qualifications; this translated, with a delay, into a higher period TFR and better integration indicators (Castles, de Haas, and Miller 2020: 193–244; Lesthaeghe 2010).

Spain, a classic case of long-term low fertility, combined labor market and housing reforms with the selective opening of migration channels to alleviate labor supply shortages and raise household incomes (Castles, de Haas, and Miller 2020: 245–262). The common denominator: where the cost of everyday family life was reduced (ECEC, housing, gender equality, migration integration), fertility stabilized at a higher level than where cash transfers predominated.

Migration as a shock absorber and catalyst — condition: integration, not just residence

Migration does not "solve demographics," but it buys time and mitigates the effects of aging if the influx is accompanied by integration: intensive language learning, rapid validation of qualifications, clear paths to permanent residence, and housing policies to avoid pushing families to the periphery. Migration regimes differ in philosophy (liberal, employment-based, assimilationist, multicultural), but in practice they are mixtures and segmented — from student pathways, through visas for highly skilled workers, to fast-track pathways in shortage occupations (Castles, de Haas, and Miller 2020: 1–31; 245–262). In the Polish context, the influx of Ukrainian citizens after 2014/2022 increased the supply of labor and demand, but the lasting effect depends on the transition from the status of a "guest" to the role of a neighbor-taxpayer: school, language, profession, housing. The German experience

shows that proceduralization of qualification recognition and cooperation with local governments are prerequisites for avoiding the “import of precariat” and permanent labor market segmentation (Castles, de Haas, and Miller 2020: 193–244).

Reproductive health and ART: patient rights, public health, demography

The WHO classifies infertility as a disease; public policy that treats ART as an integral part of the health system fulfills both a human rights obligation and the demographic goal of the . The international standard—the above-quoted excerpt from the Cairo Programme of Action—is unambiguous: it is about the ability and freedom to make reproductive decisions, and thus about living conditions and access to services (United Nations 1995: 40). Demographic literature indicates that the availability and destigmatization of ART significantly increase the finite (cohort) probability of parenthood among couples affected by infertility; the proportion of births thanks to ART is growing in a number of European countries (Zegers-Hochschild et al. 2017: 1786–1801). From a public policy perspective, ART is therefore three things at once: a patient's right, a public health service, and a pro-population tool—but it remains part of a larger puzzle (housing, ECEC, labor market).

Reform program: portfolio of instruments, sequence, and indicators

Family income. Shift the burden from universal transfers with diminishing marginal effectiveness to a progressive mix of targeted benefits and allowances (especially support for the first child at a younger age), with automatic indexation to inflation (Esping-Andersen 2009: 137–182).

ECEC as work infrastructure. A dense, inexpensive, and high-quality network of nurseries/kindergartens with long hours – the cheapest “golden mean” of fertility compatible with employment (Esping-Andersen 2009: 183–236).

The labor market and gender equality. Enforced equal pay, leave with a non-transferable paternal component (use-it-or-lose-it), the right to flexible work arrangements without "maternity penalties" and "career penalties"; according to the "gender equity and fertility" hypothesis, without closing the equality gap in the private and public spheres, fertility will not return to replacement levels (McDonald 2000: 427–440).

Housing. Fixed-rate start-up loans for young households, expansion of the social rental segment, and rent subsidies in metropolitan areas; housing availability is one of the primary constraints on first-time childbirth (Mulder and Wagner 2001; Billari and Kohler 2004). Reproductive health. Public funding for in vitro fertilization and infertility treatment, preconception care, health education, and psychological support (Zegers-Hochschild et al. 2017; Okólski and Fihel 2012: 145–175).

Migration. Profiled channels (students, high qualifications, shortage occupations), rapid validation of qualifications, intensive language learning, permanent residence pathways correlated with housing policy (Castles, de Haas, and Miller 2020: 193–262). Silver economy. Treating aging as a source of demand and employment (long-term care, health, assistive technologies, housing with services).

Governance and evaluation. A "demographic anchor" in the budget, a central analytical center, and a set of indicators: periodic and cohort TFR, final childlessness, age at birth of first child, ECEC coverage and hourly availability, wage gap and "maternity penalty," housing availability indicators, migration balance, OADR/POADR, healthy life years (HLY). Reviews every 24 months and a correction mechanism (GUS 2023; GUS 2024; cf. comparative approaches in: Castles, de Haas, and Miller 2020).

The sequence should start with investments with the highest social return: ECEC + housing + recognition of qualifications and language for migrants, in parallel – legal framework and financing of ART; then – a full package of gender equality in the labor market. The implementation risks are: fiscal short-sightedness (preference for transfers over services), ministerial fragmentation, territorial asymmetries (metropolises vs. peripheries), and cultural polarization (disputes over ART and reproductive education). Each of these can be mitigated if demographic policy is a state strategy with a clear mandate, timetable, and evaluation mechanism.

Conclusion

A development strategy, not arithmetic

Demographic policy in the context of Polish depopulation must be a development policy: a restructuring of everyday institutions, from nurseries to housing, and from the labor market to fertility clinics. Its goal is to rebuild the living conditions of those who want to have children and to manage age-related change while minimizing fiscal and social risks. If, following Esping-Andersen, "sustainable fertility is inseparable from the egalitarian organization of the life cycle" (2009: 5), then the draft Polish demographic strategy becomes a test of our ability to modernize not through ad hoc redistribution, but through a permanent reduction in the opportunity costs of parenthood and an increase in the predictability of family life.

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