**Abstract**

**RS-141**

Title: "The impact of family policy measures on the reproductive intentions and behavior of the population"

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1. **Goal of research:** to conduct an in-depth analysis of the Russian fertility model evolution and situation regarding population reproductive health, to elaborate recommendations for social policies on these issues.
2. **Methodology:** analysis of the Russian fertility model evolution is based on methods of demographic analysis; the study of reproductive intentions and behavior and population health is based on one-dimensional and multidimensional statistical analysis of various indicators, as well as time series of official statistics and data of population surveys; the review of international research experience regarding population reproductive health and its factors is carried out within the desk study of relevant scientific literature.
3. **Empirical base of research:** analysis of the Russian fertility model evolution is based on the current fertility statistics, including unpublished data. Evaluation of changes in reproductive intentions is based on data of population survey on reproductive plans, conducted by Rosstat in 2012 and 2017. The analysis of the Russian population reproductive health is based on official statistics and data from population survey, which was specially organized within the framework of this project; this survey is representative for Russian population, the sample covers 3000 respondents aged 20–39 years. The literature review covers wide range of relevant Russian and foreign studies in the field of sociology, demography and medicine. Characteristic of the existing Russian support system for families with reproductive health problems is based on relevant normative legal acts.
4. **Results of research:** Our analysis of the long-term demographic trends shows that Russia most likely passed the point of historical minimum of birth rate (less than 1.6 births per woman) in the generations born in the first half of 1970s. Taking into account current level and structure of births depending on birth order, the final birth rate of the generations born in the late 1970s will exceed (but not by much) the final birth rate of their immediate predecessors' generation. Most likely, the slow growth will continue in the generations born in 1980s and birth rate will stabilize at 1.7 births per woman. In parallel, fertility in Russia is aging: the average age at birth grows from year to year for births of all orders. This dynamics is consistent with global trends; it was confirmed both by official statistics and population surveys, and it does not have a significant impact on the average number of birth given by women during the lifetime.

Data of population surveys shows that cohabitation in Russia is common predominantly among young people, the model of two-child family remains the most preferred both for women and men, and the family policy measures introduced since 2007 find support among the population, especially in case of birth’s delaying.

Based on our results of empirical studies, we can identify the causes of late diagnosis of the reproductive system’s pathologies and suggest ways to eliminate them: (1) due to asymptomatic nature of some pathologies that cause infertility, it is necessary to provide relevant medical screenings, i.e. preventive examinations among groups with increased risks of infection; (2) medical workers demonstrate low awareness about the development of certain pathologies affecting reproductive health, in this situation it is necessary to develop clinical guidelines for timely diagnosis and treatment of these pathologies and to include relevant topics in educational programs for medical workers; (3) lack of population awareness about the reproductive system’s diseases markers and proved significance of age among factors of reproductive health can be tackled by the dissemination of relevant information at the place of treatment, study, in media (specialized Internet resources), and also by decreasing stigma related to the reproductive health problems in the public discussion; (4) implementation of comprehensive policy to promote a healthy lifestyle, including lowering prevalence of unhealthy habits, as well as the spread of balanced nutritional norms can have positive externalities for the field of reproductive health and fertility.

Existing studies also show that infertility level is associated with the population socioeconomic status (income, education, nationality): the lower is the status, the higher is the level of infertility. It can be explained by the fact that people with low socioeconomic status, on average, have lower overall level of health. At the same time, postponing the birth of first child, on the contrary, plays a significant role in groups with high socioeconomic status, although its effect does not outweigh the negative impact of the parameters described above. Thus, the significance of various infertility factors, especially in developed countries, can be significantly differentiated among population groups, and it should be reflected in the applied policies aimed at preventing reproductive problems. Our results show that gynecologist is only specialist who has high regular attendance level among all socio-demographic population groups; a visit to this doctor at least once a year is a part of standard behavior of Russian women at reproductive age (about 80% of women aged 20-39 practice it). There is pronounced educational gradient for all other specialists included in our survey (mammologist for women, urologist and an andrologist for men): the higher is the level of education in group, the higher is the proportion of those who visited the specialist during the year preceding the survey. In addition, our analysis show, that in Russian medical care system there are no doctors specializing in male reproductive health and prevention (not treatment) of pathologies in this field.

In general, our results indicate lack of awareness about reproductive health and the necessity for preventive monitoring in this field among population; at the very first stages policies can be aimed to raising public awareness for reducing reproductive losses.

The majority of Russians who received treatment recommendations from doctor (gynecologist, urologist, etc.) addressed it; however, only ¾ of patients visited doctor after treatment to make sure of recovery or to receive additional recommendations in case of insufficiently convincing results or low efficiency of the selected protocol. This situation produces long-term risks: not completed treatment can lead to relapses or chronic forms of the disease. As for infectious diseases, it can further lead to serious consequences for reproductive health. Developing mechanisms to control the results of treatment, popularizing information about the importance of control visits after treatment, creating motivation for this behavior – these might be the objectives for national policies in the field of public reproductive health.

At the same time, population surveys of 2011 and 2018, which we used in our analysis, showed an overall incidence of infertility in population at the level of 3-5% among men and women aged 15-44 years. It is important to remember that it is a self-assessment, rather than a medical examination results, and in this stigmatized area, respondents may be silent about the existing diagnosis rather than ascribing to themselves a non-existent.

One of the main barriers to overcoming infertility using modern methods is the widespread prejudice associated with poor knowledge about technologies. At the same time, a review of existing measures to support families with reproductive health problems showed that when the diagnosis of “infertility” has already been established, the existing Russian system of state aid is quite effective. It allows overcoming economic inequalities at the expense of the state within the framework of the compulsory health insurance; nevertheless, geographical inequality persists to some extent, first of all, with regard to rural residents with less human capital to overcome bureaucratic barriers, which are still quite noticeable in this area.

Saving population reproductive health and developing the methods to overcome infertility can be one of the directions of national policy to support fertility. At the same time, there is unrealized potential in other areas related to the population reproductive health in its broad definition, namely, related to infant, perinatal and maternal mortality reduction, as well as in preventing abortions. Despite the fact that in quantitative terms, the potential of all these directions in terms of population growth may be small, protection of reproductive health and prevention of “reproductive losses” have great humanistic significance.

1. **Level of implementation, recommendations on implementation or outcomes of the implementation of the results:** the results of this study were used for the purpose of expert support of the executive authorities, as well as in the framework of the work of the expert group on the national project “Demography” at the Ministry of Labor and Social Protection of the Russian Federation.