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## Three suggestions for the improvement of demographic and family policy\*

*The article states the reasons for the low level of birth rate in Russia. It shows that the reduction in the intensity of births is caused by changes in the demographic behavior resulting from the sexual revolution, the significant differentiation of the population by income levels – poverty and low welfare of families with children, the decline in reproductive health and reproductive potential. Meanwhile, mortality rate in Russia is comparable with that in the developing countries; the difference between life expectancy in women and men is 12 years, but women suffer from various diseases more often, and this fact significantly increases the risk of disability by the end of employment. It is therefore proposed to improve the practice of maternity/family capital, to introduce a system of wholesome nutrition for pregnant women, preserve the retirement age for women.*

*Demographic policy, maternity capital, retirement age, children's health.*



**Natalya M.  
RIMASHEVSKAYA**

Doctor of Economics, RAS Corresponding Member, RAS Counselor, Honoured Scientist of the Russian Federation, Honourary Director of the RAS Institute of Social and Economic Studies of Population

In the last decade Russia has witnessed positive changes in the dynamics of demographic indicators. There has been a decline in the overall and infant mortality, and mortality of able-bodied population; crude birth rate and total fertility rate increased significantly (*tab. 1*).

In 2012 the indicators of birth rate and mortality rate equalized; since 2008 Russia's population has ceased to decline. However, it should be noted that in the past two years migration flow increased (from 13 people per 10 thousand population in 2010 up to 21 people in 2012), and the net reproduction rate did not

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Table 1. Dynamics of the main indicators of Russia's demographic development

| Indicator   | Year  |       |       |       |       |       |       |       |       |  |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|
|   | 2000  | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  | 2012  |  |
| Crude birth rate, per 1000 population                   | 8.7   | 10.2  | 10.4  | 11.3  | 12.1  | 12.4  | 12.5  | 12.6  | 13.3  |  |
| Total fertility rate, points                            | 1.20  | 1.29  | 1.30  | 1.41  | 1.49  | 1.54  | 1.57  | 1.58  | 1.69  |  |
| Gross reproduction rate, points                         | 0.583 | 0.628 | 0.632 | 0.686 | 0.729 | 0.752 | 0.766 | 0.771 | 0.825 |  |
| Net reproduction rate, points                           | 0.561 | 0.611 | 0.618 | 0.670 | 0.713 | 0.732 | 0.745 | 0.752 | n/a   |  |
| Crude death rate  | 15.3  | 16.1  | 15.2  | 14.6  | 14.6  | 14.2  | 14.2  | 13.5  | 13.3  |  |
| Infant mortality rate                                   | 15.3  | 11    | 10.2  | 9.4   | 8.5   | 8.1   | 7.5   | 7.4   | 8.7   |  |
| Migration gain coefficient, per 10 thousand people      | 25    | 9     | 11    | 18    | 18    | 18    | 13    | 22    | 21    |  |
| Population growth, as a percentage of the previous year | -     | -     | 99.6  | 99.7  | 100.4 | 100.0 | 100.0 | 100.1 | 100.2 |  |

Sources: Demographic yearbook of the Russian Federation.

exceed a unit, this reveals the true situation: the natural decline of Russia's population, though on a smaller scale, still continues.

The specifics of fertility decline in Russia were conditioned by the nature of socio-economic changes that took place over the past 20 years. The most significant points include the following:

1. Decline in reproductive health [6] and the spread of infertility;

2. Deterioration of the health of newborns (40% of children are ill, that leads to a "social funnel"), as a result, each subsequent generation is less healthy than the parental generation.

3. In the late 1980s – early 1990s Russia witnessed the sexual revolution that resulted in the reduction of lawful marriage rate, increase in the number of divorces and common-law marriages; reduction in the desire to have children as a social value, and the emergence of "childfree"; competition between the value of children and value of career in the conditions of modernization.

4. Financial insecurity and poverty of population, especially families with children (about 40% of children are born into families with income below the subsistence level).

Reasons for the decline in the reproductive health of Russians are the following: increase in the number of diseases affecting the reproductive function, especially endocrine disorders, the incidence of which increased

twice from 1992 to 2012, and in adolescents – in 3.5 times; increase in the incidence of teen pregnancies; increase in HIV infections in women; low level of pregnant women's health: approximately 40% suffer from anemia; less than 30% have easy delivery (*figure*).

The health of pregnant women depends on the complex of socio-economic factors. Research shows that they are based on the material security of population, scale of poverty and social polarization:

- 10% of working population have wages below the subsistence level;

- more than 40% of working population have very low incomes, and they cannot provide for themselves and their child even at the subsistence level;

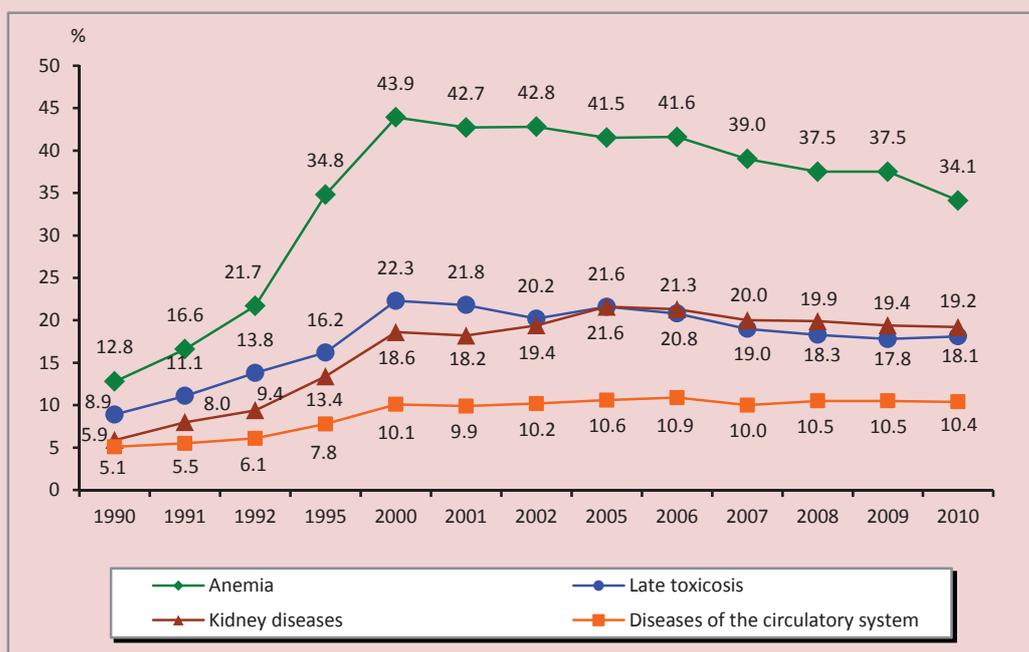
- contrary to the official statistics, the share of families living below the poverty line is more than 30%;

- social polarization continues to increase, the ratio of the average income of the richest 10% to the poorest 10% in Russia was 1:17 in 2012;

- the minimum wage is 5–7 times lower than in Europe, and 10 times lower than in the USA.

Profound social differences have led to the virtual formation of two Russias: the small one (3–5% of the population) that seized the major part of the country's wealth at their disposal, and the big one (35–40% of the population)

Health of pregnant women (as a percentage of those who completed their pregnancy)



suffering in need [5]. The special importance of the current situation consists in the fact that the tension caused by this problem is not reduced; on the contrary, it has a tendency to increase.

These facts result from distortions in distribution; thus, the main measures should be aimed at the modernization of distributive relations.

It is necessary to point out significant changes in matrimonial behaviour such as the decline in marriage rate and increase in divorce rate, the substitution of wedlock by free partnership; decisions to postpone the birth of children or intentions to have no children at all. These changes increase the amount of incomplete, mainly single mother households, which leads to the instability of family structures and significantly undermines the processes of socialization of the younger generation, promotes the formation of intentions to have only one child or few children [1].

Forecast estimates show that the reproductive potential in Russia will have decreased by the middle of the 21st century. Approximately

by the year 2025, the number of women of reproductive age will have been reduced by 5 million. At that it is necessary to distinguish between the number (!) of births and the quality of newborns (!). We cannot focus only on the statement that what we need is more and more births. Each generation in Russia turns out to be less healthy than the previous one. In addition, the analysis shows that mortality dynamics and health dynamics do not always correlate with each other (reduction in mortality rate does not mean improvement in the health of newborns).

Demographic policy in the sphere of fertility intensified in the middle of the first decade of the 21st century (2006–2007). A set of measures to improve the demographic situation was adopted, for instance: increasing maternity allowances and childcare allowances (for the children up to 18 months old). The introduction of maternity social capital – MSC (250 thousand rubles in 2007; 367 thousand rubles in 2011) was the most important measure. The goal of introducing MSC was to

create conditions for ensuring decent life for families with children, and this should enhance birth rate.

To what extent has the maternity social capital fulfilled this goal? It should be acknowledged that the share of women who gave birth to two children has slightly increased; and there has been a decrease in the number of women who gave birth to none. It should be noted that the main direction of using MSC concerned the improvement of housing conditions (about 90%). The research conducted at the Institute of Social and Economic Studies of Population at the Russian Academy of Sciences (ISEP RAS) [2, 4] shows that the income of these families should not be below the subsistence level per person; that is why its twofold increase is necessary. Speaking about the assessment of the targets achievement, we should note that certain changes, of course, have been made; but, from our point of view, these changes are very insignificant. And they do not solve the tasks set out in the law on MSC and do not raise hopes for a significant improvement in the demographic situation.

In addition, the number of persons who obtained the certificates has started to decline since 2010 due to the fact that any set of measures, aimed at improving the population's living conditions, works for a certain period. Then the population gets used to it, and these measures lose their meaning.

The above leads to the necessity of continuing the intensive activity of the government with regard to fertility and health. Summarizing the main problems of demographic development and health makes it possible to formulate *three major suggestions* for enhancing the efficiency of the social and demographic policy, the implementation of which is nowadays urgently required from the demographic, economic and political points of view. This concerns the practice of maternity capital, the improvement of the health of pregnant women, and the change of the retirement age for women.

**Our first suggestion** is to improve the practice of providing and using maternity capital considered as the main economic tool of increasing birth rate.

The suggestion includes the following points:

1. To prolong the validity of the law until 2025, i.e. for the period of implementation of the Concept for demographic development of Russia.
2. To provide for the payment of MSC when the child is 12 months old to ensure the birth of the third and fourth child.
3. To change the specifics of using MSC: to provide nutrition for pregnant women and nursing mothers that will influence the health of newborns, instead of providing the pension for mother.
4. To increase by an order the construction of social housing with the possibility to buy it using MSC.
5. To introduce the opportunity to use the maternity capital not only once, but also at the birth of children of subsequent orders.
6. To pay interest on the use of maternity (family) capital.
7. To improve statistical records with regard to the processes of reproduction of the population.

**The second suggestion** concerns the creation of the system of special nutrition for pregnant and nursing women similar to what has been done with respect to children under the age of 2 years, since:

- the health of pregnant women is deteriorating and anemia is spreading (a marker of pregnancy);
- there is an increase in the share of ill newborns or newborns who fall ill immediately after birth.

This problem can be handled with the help of international experience that should have been long used in Russia. For instance, the United States of America, using such a system, have reduced infant mortality by one third.

The next suggestion concerns the age of retirement. A draft law has been worked out, and it has been many times proposed to increase this age. At the same time, Russia has the lowest indicator of life expectancy among European countries (*tab. 2*). According to Rosstat (Federal State Statistics Service), average life expectancy among the total population of the Russian Federation was 68.8 years in 2010, in 2011 – 69.0 years.

Russia has high death rate – 13.2 people per 1000 population in 2012. This indicator in developed countries is 8 people per 1000 population; in developing countries – 12 people per 1000 population. The Russian Federation ranks 100th among 180 countries by the indicator of mortality rate.

**Therefore, the third suggestion** is that Russia should not increase the retirement age for women, because this will increase the disability rate and the Pension Fund's expenses.

These findings are conditioned by gender specifics of health and longevity. Life expectancy in women is by 10–12 years longer than in men, but in spite of the longer life, the current health of women during the life cycle is worse than that of men (*tab. 3*).

The gender paradox of health and longevity has social causes. Men take up jobs with more risk, injuries, and harmful conditions; 37% work for more than 40 hours a week. This is evidenced by the fact that TB incidence in men is 2–3 times higher, and their mortality is 6–8 times higher than in women.

Bad habits are also most common among men: 53.6% of men and 27.2% of women smoke tobacco; high alcohol consumption is registered among 61.3% of men and 21.6% of women. Men commit suicide 6–8 times more often than women [3, p. 60-62]. Self-preserving behaviour in men is less developed [7], they earn money at the cost of their health. But we should not

Table 2. Life expectancy, years

| Country       | Year  |       |       |       |       |       |       |       |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|
|               | 2000  | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  |
| Austria       | 78.03 | 79.33 | 79.83 | 79.98 | 80.23 | 80.08 | 80.38 | 81.03 |
| Belgium       | 77.72 | 78.98 | 79.38 | 79.78 | 79.68 | 79.98 | 80.23 | 80.49 |
| Germany       | 77.93 | 78.93 | 79.13 | 79.53 | 79.74 | 79.84 | 79.99 | 80.74 |
| Spain         | 78.97 | 80.17 | 80.82 | 80.87 | 81.18 | 81.48 | 81.63 | 82.33 |
| Italy         | 79.43 | 80.58 | 81.13 | 81.29 | 81.39 | 81.39 | 81.74 | 82.09 |
| Great Britain | 77.74 | 79.05 | 79.25 | 79.45 | 79.60 | 80.05 | 80.40 | 80.75 |
| Finland       | 77.47 | 78.82 | 79.21 | 79.26 | 79.57 | 79.72 | 79.87 | 80.47 |
| Norway        | 78.63 | 80.04 | 80.34 | 80.40 | 80.59 | 80.80 | 81.00 | 81.30 |
| Russia        | 65.34 | 65.47 | 66.64 | 67.50 | 67.85 | 68.60 | 68.80 | 69.00 |
| EU countries  | 77.10 | 78.33 | 78.67 | 78.89 | 79.10 | 79.34 | 79.63 | 80.18 |

Source: World Bank database. Available at: <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>

Table 3. The difference between the health of men and women in the dynamics

| Year | Average estimate, points |       | Share of the chronically ill, % |       |
|------|--------------------------|-------|---------------------------------|-------|
|      | Men                      | Women | Men                             | Women |
| 1981 | 3.81                     | 3.49  | 22.9                            | 34.6  |
| 1989 | 3.53                     | 3.27  | 39.2                            | 43.3  |
| 1994 | 3.46                     | 3.15  | 43.5                            | 55.4  |
| 1998 | 3.3                      | 3.09  | 55.1                            | 65    |

Source: Data of the "Taganrog" research, ISESP RAS.

forget that women, having poorer health, bear two burdens: work and household chores.

Summarizing all of the above, let us point out once again the three suggestions for enhancing the efficiency of Russia's demo-

graphic and social policy: improvement of the practice of using MSC to increase its efficiency; special nutrition for pregnant and nursing women; abandonment of intentions to raise the retirement age for women.

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