

**Causes and Impacts of Fertility Decline in Russia  
1991-2001**

*Dissertation submitted to the Jawaharlal Nehru University  
in partial fulfilment of the requirements  
for the award of the degree of*

**MASTER OF PHILOSOPHY**

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*Under the supervision of*  
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## Declaration and certificate

### DECLARATION

I declare that the dissertation entitled "Causes and Impacts of Fertility Decline in Russia: 1991-2001" submitted by me for the award of the degree of Master of Philosophy in Jawaharlal Nehru University is my own work. The dissertation has not been submitted for any other degree of this university or any other university.

MONIKA BATHAM

Date: 30/7/07

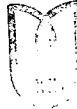
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### CERTIFICATE

We recommend that this dissertation be placed before the examiners for evaluation.

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For my sweet family members.....

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## Acknowledgements

The accomplishment of this dissertation perhaps would not have been possible without the cooperation of my teachers, friends and others. At the outset, I express my gratitude to my supervisor Dr. Anuradha Chenoy for the invaluable assistance provided from her own wide experiences, constructive guidance and many insights for this research. I am also thankful to other members of the centre especially Dr. Arun Mohanty for their kind suggestions which kept me encouraging.

Words fail to express my thanks to my family who stood beside me with patience when things were not going as planned and expected during this period. My friends always gave me advice and rendered all kind of support and cooperation. I am thankful to Shyam for his sincere advice and positive criticism which helped me at various stages of this research. For Russian translation I am very thankful to my neighbors and very close friend Nazgul and Zainoora. I am also thankful to my hostel mates Khalida, Shakti di, Smriti and Anjana for their support during this period of time although they are totally unknown to my topic.

I also express my indebtedness to the staff members of JNU Library and other libraries of Delhi which includes Institute of Defence Studies and Analysis (IDSA) who helped me in finding all my material needed for this research. Finally I take all responsibilities for any sort of errors which might have crept in.

New Delhi  
July 21, 2007



Monika Batham

## Preface

In the year 1992, in Russia for the first time the annual number of deaths exceeded the numbers of births. This historical decline has been met with increasing concerns by Russian official and non-governmental circles. President Putin in his Union address referred it as a serious threat. The Russian mass media has been flowing with alarming articles on population issues. Based on popular, non-professional interpretations available of vital statistics i.e. some are calling “to save Russia from depopulation”, “Russia faces demographic disasters”, and “Russia’s worst headache”. As a result of that, the general public has been misled about population issues. The average citizen is likely to draw a direct correlation between the economic transition and demographic crisis. For researchers and policy makers, it is a challenge to learn about the causes and consequences of these trends.

This dissertation is a synthesis of other people’s work. In analysis of demography of Russia I tried to focus on Russia’s particularly fertility decline during transition period i.e. from 1991 to 2001. It is an attempt to understand the possible causes of fertility decline in Russia and overview the impacts due to this decline in this country.

The work has been divided into four chapters. The first chapter starts from the introduction of the topic, background of it followed by demographic history to understand present day scenario in depth. Regional variations gives us wider understanding of fertility across societies and regions. Second chapter deals about the possible causes for fertility decline. Possible causes includes political instability accompanied by economic transition i.e. introduction of market economy; unfavorable governmental social policies, influence of western norms in Russian society; double burden on women’s i.e. as worker and as housewife and mother; popular habits which includes co-habitation, drugs taking, alcoholism, sexually transmitted diseases (STDs), and many more reasons. The third chapter talked about economic transition and its impact on fertility factor. And is there any correlation between economic fertility theory in modern Russia or not? Few suggestions can gives us future policy clues.

## **Chapter I: Introduction**

## Introduction

Russia may be characterized as a nation 'where men have almost no chance of living up to retirement, women are doomed to widowhood, and many children face the bitter fate of orphans' (Maleva.T: 2000). Although Russia is a low fertility<sup>1</sup> country in global terms, by the standards of European and other industrialized countries Russia's fertility levels have figured among the highest for most of the period since the 1950's. As recently as 1988 Russia's total fertility rate (TFR)<sup>2</sup> of 2.2 was adequate for the long term replacement of the population. All this has changed in the past few years. Starting in 1989 the period that coincided with the former Soviet Union's economic and political transformation, fertility began to decline in Russia, accelerating sharply after the breakup of the former USSR. By 1992, Russia's TFR of 1.6 was about average for West Europe. Russia's demographic problems, which have been reinforced during transition, are well discussed and documented, and have caused widespread public concern. Russia's uniqueness in demographic terms lies in the fact that it was 'the first country to experience such a sharp decline in births verses deaths for reasons other than war, famine or disease' (Powell, D and Convey, M :2002: 44).

As fertility has declined in Russia, the share of births occurring at young ages has been increasing. While the overall TFR declined by about 40 percent since the late 1980's, the fertility of women under the age of 20 fell only by 2 percent. Geographic, social and cultural diversity go together with Russia's vast size and levels of fertility vary accordingly. Above-replacement fertility still characterizes the rural populations of some of Russia's southern and eastern territories. The North Caucasus Region, which is the region with the smallest proportion of ethnic Russians, has the highest fertility level

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<sup>1</sup>Fertility is the number of live births produce by women. Fertility is a complex term in nature. Investigators has to focus on certain point e.g. spacing of birth, spacing of birth in groups, total size of the family, size of the family with educational status, individuals sentiments towards fertility etc. close analysis of fertility demands fieldwork.

<sup>2</sup> Total fertility rate is the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates. The age-specific fertility rate is the number of births occurring during a specified period to women of a specified age group, divided by the number of person years-lived during that period by women of that age group.



among the economic regions. This dissertation explains the differences and changes in Russia's demographic profile.

## **Background**

It was in the late 1991 that, for the first time in the postwar history of the Russian population, the number of deaths exceeded that of births. In 1992 the negative natural change amounted to 219,800 or 1.5 per 1,000. Even greater decrease was recorded in 1993, with a 750,300 natural decrease in population, or 5.1 per 1,000. This natural decrease was larger than the positive change due to net immigration and resulted in a total population decrease by 30,900 in 1992 and by 307,600 in 1993.

Many scholars also illustrated that although Russia's fertility rate, of 1.2 children per woman, is low and well below the "replacement" level (i.e. 2.1 children per woman, who ultimately leads to the stabilization of population size) but it is not unusual for the region. While the sad state of Russia's economy may contribute to this low level of fertility, it is not clear that economic improvements will lead to increases in fertility. Data from other Eastern European countries, such as Poland and Hungary, showed that economic recovery has not boosted the fertility rates in those countries. Although abortion was once the most common form of birth control for Russian women, recent improvements in the availability and quality of contraception, and the increases in contraceptive use led to substantial reduction in the number of abortions performed.

As more Russians enter pension ages (60+ for men, 55+ for women) there will be a marked decline in the ratio of working-age adults compared to the rest of the population. Other implications include a large drop in the availability of military-age men, which could affect Russian security policy, and a shrinking youth population, resulting in less need for youth services (educators, schools, etc.). In Russia, fertility rates have been falling for at least 100 years, from about seven children per woman at the end of the 19th century to less than three in the 1950s and under two in the early 1980s. Fertility in Poland fell from nearly four children per woman in the 1950s to just over two by the late 1980s. Since the early 1960s, fertility in Hungary has been below replacement levels with

the exception of a short period in the mid-1970s. Fertility in Albania remains above replacement levels, but it has dropped by nearly two-thirds since the 1950s.

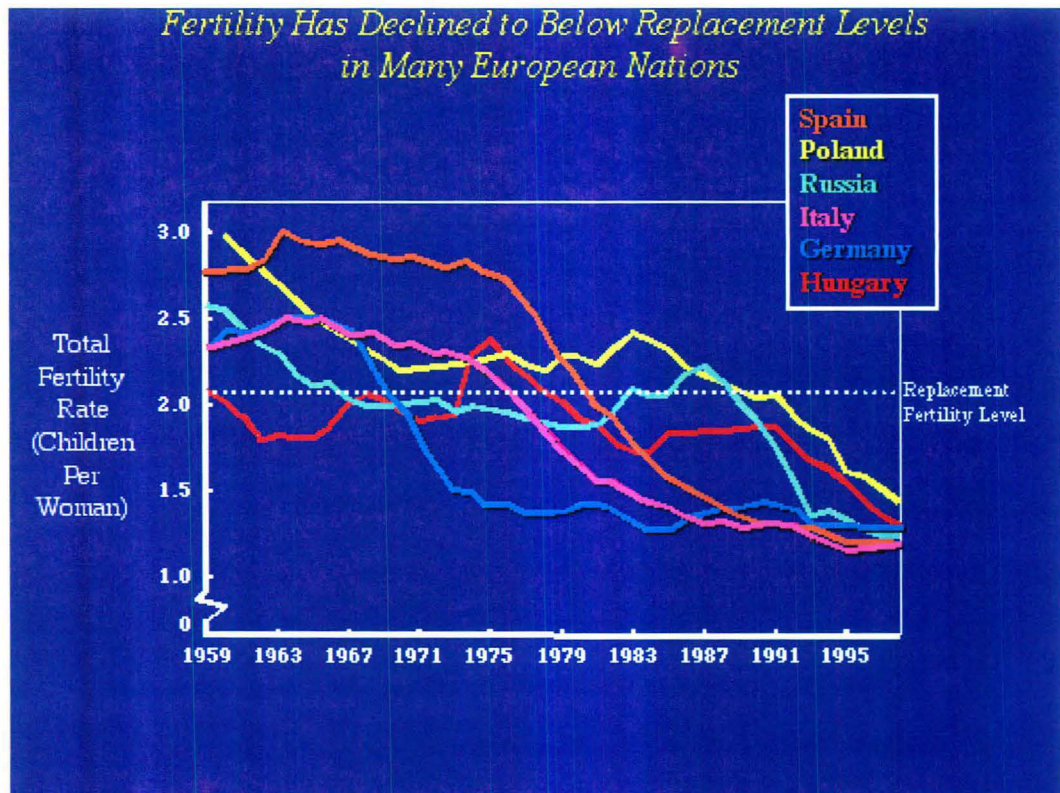


Figure no 1.1 Source: Julie DaVanzo and Grammich Clifford: 2000

The economic crisis of Eastern Europe in the 1990s may have helped to reduce fertility rates there to among the lowest in the world by making couples less able to afford to raise children and generally less optimistic about bringing them into the world. Yet even in times of economic prosperity couples may have reasons for not having children, particularly as women's roles expand outside the home. Birth rates do not decline just because of economic problems. In fact, nations with newfound economic prosperity can also experience steep drops. Spain and Italy have seen great economic improvements in recent decade. Yet, they now have fertility rates (less than 1.2 children per woman) lower than most East European nations. Within Eastern Europe, as the BBC report acknowledges, in several nations where economic recovery has occurred--the Czech Republic, Hungary, and Poland--it has not reversed the decline in the birth rate.

Both the BBC report and the UN research suggest that financial and tax benefits to those with children can help boost fertility levels to replacement levels, while recognizing that such policies require substantial political will. In fact, no nation has yet to sustain such policies to the point that they yielded replacement fertility levels. In Sweden, for example, child and parental leave benefits helped boost fertility rates to just above replacement levels for a short time in the early 1990s, but fertility then declined before these benefits were trimmed in the mid-1990s.

The Soviet Union adopted pronatalist policies, offering economic benefits for larger families, in the mid-1980s. After those policies were instituted, fertility rates in Russia climbed to just over replacement levels and remained there until the economic crisis ensued. Since then, fertility rates have fallen precipitously, to a current level of 1.2 children per woman. However, an analysis by Russian demographers Sergei Zakharov and Elena Ivanova highlighted how the pronatalist policies could be deceptive and their effect short-term. Their study found that the increase in fertility rates was largely due to women spacing their births closer together rather than increasing the number of children that they would ultimately have. (Zakharov S and Ivanova E: 1996)

### **Purpose of study**

The purpose of my research is to provide an economic explanation for the dramatic decline in the Russian fertility rate after the beginning of transition to a market economy in 1991 and in later period. The Total Fertility Rate (TFR) fell from 2.0 in 1989 to 1.3 in 2002, after stagnating since 1970 around 2.0. The fall in fertility is a matter of concern to policy makers, who have recently become concerned about the fiscal implications of a much-reduced future workforce. For that I will start from population history of Russia. And later will focus on regional variations in fertility trends, Russia as a whole.

## **Hypothesis**

In the year 1992 Russia marked two important events: firstly, the economic reforms popularly known as 'shock therapy' which provoked the growth of prices and enormous inflation and secondly, for the first time the annual number of deaths exceeded the number of births, since November 1991 (October 1991 for the urban population). These two events not only determined the social and economic context of the problem of below replacement level, but also suggested strong correlation between the two. And in the light of *New-liberal demographic transition theory*<sup>3</sup> which anticipates industrialization and modernization to endanger decline in birth rates and rises in life expectancy, I want to propose that as the women participation in labour force increases the fertility decreases or in other words, it is a review of *Economic fertility theory*<sup>4</sup> in the Russian context. Another hypothesis is that as the economic status of women is declining the fertility rates are going down. As well as fertility decrease is just a continuation of the long term trend, while the economic crisis has accelerated this process.

## **Russian population history**

The fertility decline in Russia started at the very beginning of the twentieth century and involved cohorts born after 1870. Geographically, the transition began in the central and northwestern European regions and later spread to the East and the South of the country. By that time, all European countries except Bulgaria, Romania, Portugal, and Albania had already started their fertility decline. In countries like France, the decline had already been under way for a century.

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<sup>3</sup> Theory assumes that declining birth rates are positively related to economic prosperity and so can be held up as markers of progress in Russia.

<sup>4</sup> Until 1970's economists tended to believe that the determinants of fertility are largely non-economic or in other words the analysis of fertility is outside the scope of economic theory. Economists have neglected fertility behaviour because it has been difficult to incorporate it rigorously into the traditional theory of consumer choice. "Recent extensions of economic theory to cope with human capital, allocation of time and non-marked household behaviour now make possible the analysis of fertility as well as other traditionally demographic, sociological and bio-medical aspects of behaviour such as marriage, divorce, birth-control, child-rearing practices, schooling and health along with more conventional economic variables such as income consumption saving and theoretical framework." (Robert J Willis; 1973)

The sweeping fall of population in Russia can be attributed to a sharp break from the socio-cultural system of traditional agrarian society. The faster an illiterate Russian peasant grew into an urban educated resident, the more rapidly her demographic profile changed. It was as early as the nineteenth century and even earlier that the need and inevitability of modernization of the Russian society, which was lagging behind the civilized European countries, were evident. The attempts 'to construct communism' in Russia can be regarded as one of the extreme and most aggressive form of state driven modernization of a traditional society. In this vein the social cataclysms of Russian history can be seen as inherent to the chosen path to modernization. As regards to population history, catastrophes repeatedly broke the regular pattern of population change. In the area of fertility they did so by bringing about shifts in the timing of family formation. (Vishnevsky, A: 1993)

Following the trends of population and demographic potential, several demographic stages in Russian population history can be pointed out:

- after 1897 and before World War I;
- after World War I and till the mid-1920s;
- after end of the Civil War and till World War II;
- after World War II and till the 1960s;
- the 1960s to the 1980s;
- the reform and post-reform period.

### **Russian population dynamic before World War I**

In spite of the defeat in the Russian-Japanese War and the Revolution of 1905, Russia grew without significant deviations from the "no disturbances scenario" between 1897 and 1914. This period was characterized by high mortality and high fertility as well. TFR at the level of 5-7 implied demographic potential growth rate of more than 2% yearly despite life expectancy at birth of about 30 years and remarkable emigration from the country.

### Major Historical upheavals in Russian history

- 1904-7: Russia's defeat in the war with Japan, followed by the revolution of 1905-7 and the agrarian reforms of Stolypin, which opened agriculture to the market economy.
- 1914-17: The First World War, ending in the revolution of 1917 and the fall of the Russian Empire.
- 1918-22: The Civil War, devastating famine and expropriation of peasants: the years of 'War Communism'.
- 1920: Liberalization of abortion laws.
- 1922-27: Implementation of the New Economic Policy (NEP) which injected new blood into the countryside, the '*mir*'.
- 1928-33: Collectivization of farming, 'de-kulakization', the Famine of 1932-3 and beginning of the Stalin purges.
- 1936: Abortion banned and pro-natalist policy implemented.
- 1936-39: Sweeping purges, participation of the USSR in local conflicts.
- 1939-40: The 105-day war against Finland, causing Soviet losses estimated at 127,000.
- 1941-45: The Second World War (in Russia, Known as the Great Patriotic War, it ended in May 1945), Soviet losses estimated at 28 million (for a population of 195 million in 1940).
- 1944: Promulgation of a law in favour of mothers of four children and more.
- 1953: Death of Stalin, relative liberalization.
- 1955: Legalization of abortion.
- 1981-82: Promulgation of new laws in favour of the family.
- November 1991: The Soviet Union ceases to exist.
- January 1992: Russia enters the market economy.

Between the beginning of the century and the First World War, the agrarian reforms of Petr Stolypin, adopted in autumn 1906, gave peasants the right to choose their residence

and trade. In doing so, these reforms closed the door once and for all to feudalism. Together with the emergence of industrial capitalism they created the conditions required for the demographic transition. Fertility fell by the some 10% between 1901-05 and 1911-13. (Avdeev A, & Monnier A: 1995: 6)

There was a precipitous drop in birth rates during First World War. It was more than halved. 18.5 million men were called up, 690,000 died on the battle field between 1914 to 1917. The natality level did not start to pick up again until 1920 and the birth prevented by the war never made up.

### **Russian population after World War I and before the mid 1920s**

World War I followed by the Revolution, the Civil War, high emigration, intervention, and famine of 1921-1922 depressed the Russian population trend dramatically. (Ediev D: 2001: 289-336) World War I followed by the Revolution, the Civil War, high emigration, intervention, and famine of 1921-1922 depressed the Russian population trend dramatically.

### **Russia between the Civil War and World War II (1923-1941)**

During the years of the New Economic Policy (NEP) during 1922-7, Russian society remained a peasant society with a traditional economic structure. The distribution of land allowed some peasants to grow rich (*kulaks*) and to hold a dominate position in the *mir*, which was recognized by the Rural code of 1922.

There was a close link between the size of the family, its labour force and the development of the means of production, as indicated in the study conducted in 1927: the more working age members a family had, the richer it could become. The maintenance of this tradiational structure acted as a brake on the economic development of agriculture and on industrialization.

The 'de-kulakization' and forced collectivization which began in 1928 opened up a new era in the social development of the Soviet Union and marked a complete break with the past. Within few years peasants massively turned into '*Kolkhozniks*' and in the year 1928,

75 percent of the working population were own-account farmers and craftsmen, and 3 percent were members of a kholkoz or co-operative, whereas in 1939, there were no more than 3 percent of own account farmers and 47 percent were members of a kolkhoz or cooperative. During the same interval the proportion of manual workers rose from 18 percent to 50 percent. (Narodnoie Khoziaistvo SSSR: 1982: 30)

The short term demographic consequences of this sharp transition in Russia's social history are difficult to assess, for that we need sufficient detailed statistics. And in this period the famine of 1932-3 and above all the Second World War were such major crisis which actually obscures the image, and making it difficult to discern what might be behavioural change as opposed to the strictly period effect. The banning of abortion in 1936 further clouds the issue. In addition the rapid development of health care services and vaccination programmes as well as better sanitation in the towns reduced infant mortality and this may in turn have contributed to reducing fertility.

The Second World War was a cataclysm for the population of the Soviet Union. Within four years of war, 35 million men were called up, of whom 30 million were mobilized and 600,000 women took part in the military operations. The over all estimates of loses between 27 and 28 million. The numbers of births was cut by half reaching its lowest point in 1942-3.

### **Consequences of World War II and postwar trends in Soviet Russia**

World War II cost Russia about 13% of the population (15 million) and 16% of its demographic potential. This was the most dramatic cataclysm of the century, which attracted the attention of many researchers (Andreev, Darsky and Khar'kova 1990, 1993, and 1998; Denisenko and Shelestov 1994; Maksudov 1989; Dyadkin 1983; Eason 1959; Timasheff 1948; Lorimer 1946). And in this male potential was more affected by the War than that of females. Male loss was at the level of 20% while female's potential loss was about 12%. This selective effect increased gender disparity, which determined social problems in decades to come. These losses weren't the only consequences of the War. It affected fertility trends as well. After World War II potential grew much more slowly



than before, while it should have grown faster under the compensation baby boom. Postwar growth of demographic potential was modest around 0.76% annually between 1946 and 1963 and insufficient to make up for wartime losses. This is even more remarkable if we take into account the fact of unprecedented decrease in child mortality during wartime (Zakharov 1996, Sifman 1979) and later life expectancy improvements (Andreev, Darsky, and Khar'kova 1998). The famine of 1947, which cost the Russia about half a million lives (Andreev, Darsky and Khar'kova 1998), was one of the low fertility causes in late-40s. In addition to the low fertility the postwar change in sign of migration flows wasn't in favor of Russia. The Russian population had negative migration balance after World War II and till the mid-70s.

In the 1960s the process of urbanization, played a significant or dramatic role in the Soviet Union. Before World War II Russia was a rural country, but as early as at the beginning of 1960s its population was living primarily in urban areas.

The rural population had high fertility, but it moved to urban areas with low fertility that brought the country to a level of replacement: the TFR start to fall rapidly in 1961, from 2.6 down to 2 children per women in 1968 (as shown in the table). After leveling off for a few years they then decrease much more slowly until 1980, down to 1.86. The only notable event during this period was the promulgation in 1974 of a law awarding an allowance for all families with young children (under 12s) and a monthly per capita income below 50 roubles.

It can be suggested that the mechanism of fertility decline operating at the family level was that the family repeatedly delayed child-bearing and had less than the intended number of children because of persistent stress conditions. The poor social conditions suffered by many generations may be added as unfavorable factor affecting fertility decline. The probability of becoming an orphan or being reared in a one parent family (by a widow, for example) was virtually constantly high for cohorts born between 1885 and the early 1920s. (Blum, A., M. Ely, and S. Zakhorov: 1992)

After 1980, a turnaround is observed in TFR which became more marked as the family policy measures implemented in the early 1980s start to bear fruit. But the values again started to fall in 1987 and by 1993 have dropped to a level of 1.3.

**Table : Period Total Fertility Rates and Mean Age at Childbearing in Russia**

| Year | Total Fertility Rate |       |       | Mean Age At Childbearing* |       |       | Standard deviation of age at childbearing* |       |       |
|------|----------------------|-------|-------|---------------------------|-------|-------|--|-------|-------|
|      | Urban                | Rural | Total | Urban                     | Rural | Total | Urban                                      | Rural | Total |
| 1959 | 2.02                 | 3.33  | 2.58  | 27.57                     | 28.59 | 28.16 | 5.56                                       | 6.28  | 6.01  |
| 1960 | 2.06                 | 3.25  | 2.56  | 27.53                     | 28.60 | 28.11 | 5.56                                       | 6.25  | 5.99  |
| 1961 | 2.04                 | 3.08  | 2.46  | 27.08                     | 28.29 | 27.71 | 5.54                                       | 6.24  | 5.96  |
| 1962 | 1.97                 | 2.92  | 2.35  | 26.99                     | 28.34 | 27.68 | 5.52                                       | 6.23  | 5.94  |
| 1963 | 1.93                 | 2.87  | 2.30  | 26.77                     | 28.18 | 27.49 | 5.50                                       | 6.23  | 5.93  |
| 1964 | 1.88                 | 2.66  | 2.18  | 26.68                     | 28.20 | 27.42 | 5.49                                       | 6.25  | 5.93  |
| 1965 | 1.82                 | 2.58  | 2.10  | 26.66                     | 28.24 | 27.42 | 5.46                                       | 6.25  | 5.91  |
| 1966 | 1.85                 | 2.57  | 2.11  | 26.59                     | 28.23 | 27.35 | 5.41                                       | 6.23  | 5.88  |
| 1967 | 1.78                 | 2.46  | 2.02  | 26.56                     | 28.04 | 27.24 | 5.38                                       | 6.22  | 5.83  |
| 1968 | 1.75                 | 2.43  | 1.98  | 26.55                     | 27.92 | 27.18 | 5.37                                       | 6.20  | 5.81  |
| 1969 | 1.77                 | 2.44  | 1.99  | 26.51                     | 27.68 | 27.05 | 5.36                                       | 6.15  | 5.76  |
| 1970 | 1.77                 | 2.51  | 1.99  | 26.42                     | 27.34 | 26.87 | 5.35                                       | 6.11  | 5.74  |
| 1971 | 1.79                 | 2.60  | 2.02  | 26.41                     | 27.09 | 26.76 | 5.35                                       | 6.03  | 5.69  |
| 1972 | 1.81                 | 2.58  | 2.02  | 26.39                     | 27.00 | 26.71 | 5.33                                       | 6.06  | 5.68  |
| 1973 | 1.75                 | 2.55  | 1.96  | 26.35                     | 26.87 | 26.62 | 5.35                                       | 6.03  | 5.67  |
| 1974 | 1.77                 | 2.63  | 1.99  | 26.23                     | 26.72 | 26.49 | 5.32                                       | 5.99  | 5.64  |
| 1975 | 1.75                 | 2.63  | 1.97  | 26.13                     | 26.60 | 26.36 | 5.29                                       | 5.94  | 5.59  |
| 1976 | 1.74                 | 2.62  | 1.95  | 25.98                     | 26.44 | 26.19 | 5.23                                       | 5.88  | 5.53  |
| 1977 | 1.71                 | 2.58  | 1.92  | 25.89                     | 26.36 | 26.08 | 5.19                                       | 5.85  | 5.48  |
| 1978 | 1.70                 | 2.55  | 1.90  | 25.81                     | 26.12 | 25.94 | 5.14                                       | 5.81  | 5.41  |
| 1979 | 1.66                 | 2.54  | 1.86  | 25.69                     | 25.88 | 25.79 | 5.12                                       | 5.77  | 5.37  |
| 1980 | 1.67                 | 2.50  | 1.86  | 25.62                     | 25.70 | 25.67 | 5.09                                       | 5.65  | 5.30  |
| 1981 | 1.68                 | 2.55  | 1.88  | 25.70                     | 25.80 | 25.74 | 5.10                                       | 5.60  | 5.28  |
| 1982 | 1.76                 | 2.63  | 1.95  | 25.80                     | 25.86 | 25.81 | 5.14                                       | 5.54  | 5.28  |
| 1983 | 1.89                 | 2.76  | 2.09  | 25.93                     | 25.92 | 25.91 | 5.14                                       | 5.50  | 5.26  |
| 1984 | 1.86                 | 2.69  | 2.05  | 25.82                     | 25.80 | 25.79 | 5.17                                       | 5.52  | 5.28  |
| 1985 | 1.86                 | 2.67  | 2.05  | 25.80                     | 25.81 | 25.78 | 5.18                                       | 5.57  | 5.29  |
| 1986 | 1.98                 | 2.83  | 2.17  | 26.00                     | 26.00 | 25.98 | 5.26                                       | 5.67  | 5.37  |
| 1987 | 2.03                 | 2.88  | 2.22  | 26.00                     | 25.95 | 25.97 | 5.31                                       | 5.72  | 5.42  |
| 1988 | 1.95                 | 2.80  | 2.14  | 25.82                     | 25.66 | 25.80 | 5.30                                       | 5.71  | 5.40  |
| 1989 | 1.83                 | 2.74  | 2.02  | 25.58                     | 25.28 | 25.51 | 5.28                                       | 5.60  | 5.36  |
| 1990 | 1.70                 | 2.65  | 1.90  | 25.31                     | 24.98 | 25.23 | 5.27                                       | 5.53  | 5.33  |
| 1991 | 1.54                 | 2.46  | 1.74  | 25.10                     | 24.78 | 25.02 | 5.25                                       | 5.51  | 5.31  |
| 1992 | 1.35                 | 2.23  | 1.55  | 24.94                     | 24.61 | 24.85 | 5.22                                       | 5.41  | 5.27  |

\* calculated from age-specific fertility rates.

(Source: Avdeev A and Monnier. A: 1995: 8)

The Mean age of the fertility schedule (i.e. Mean age at childbearing) thus it is directly linked to TFR had fallen sharply from 28.2 to 25.7 in the period of 20 years from 1959 to 1980. After a short pause it continues on down to 24.9 years in 1992. The fall has been

more in countryside so that after being higher until the early 1980s, the rural values then fall below the urban ones.

In the early 1980s the government attempted to affect fertility trends by a series of social policies. The measures were introduced in all Russian regions by 1983, with repeated modifications over the next few years. Main measures which affect fertility directly are:

- The introduction of partially paid maternity leave, from one year initially, its period was extended to one year and six months and finally to three years.
- The introduction of a jurisdiction definition of a large family as a family with three children made eligible for all kinds of benefits in public services and housing.

After these family measures population responded immediately therefore fertility rose in almost all regions of Russia.

### **Russian population after the collapse of the Soviet Union**

The last stage begins with Gorbachev's perestroika, the collapse of the USSR, and following reforms (consequences of Chechenian conflict is not included here due to lack of data). Fertility dropped dramatically and as a result Russian demographic potential declined in 1989-2000 with annual rate of about 1% and became 14% less in 2000 than before World War II despite tangible immigration to the country. At the same time mortality grew till the mid-90s and then slowed down again. Recent results (Shkolnikov and Vishnevsky: 2000) show, however, that the 1990's mortality growth was probably a compensational growth after the decline in the late 1980s (due to the anti-alcohol campaign), rather than a "cost of reforms". Anyway, the fertility decline caused by the last socio-political and economic transition resulted in an unprecedented decrease of demographic potential and opened the way to the deep depopulation of Russia.

## **The Timing of Fertility in Russia**

The specifics of Russia's fertility trend are not restricted to patterns of change in summary indices of fertility. Far more crucial differences can be found in age patterns of childbearing. Age-specific patterns of fertility have been shown in comparative studies to vary from one country to another, and the level of fertility is not necessarily associated with the concentration of births within a given age range (U.N report: 1992).

At present, Russia generally displays the early peak type of age pattern in which the maximum fertility occurs in the 20-24 age groups. Russia shows that in the 1960s-1980s fertility at younger ages increasingly prevailed. The mean age of childbearing mothers became younger and younger, falling from 28.1 in 1960 to 25.7 in 1980. By 1991, fertility at ages 15-19 exceeded that in the 40-44, 34-39, and 30-34 age groups and approached the rate at ages 25-29.

This tendency towards fertility at younger ages is associated with the similar process found in nuptiality patterns. By 1980, as compare to 1960 the mean age of women at marriage in Russia fell by 3.5 years from, 26.2 to 22.7. This differentiates Russia considerably from the western countries, where the 1970s were a turning point in the evolution of marriage age patterns as the age at first marriage began to increase rapidly. (Julie DaVanzo and Rahman M. Oman: 1993)

Another phenomenon along with increasing occurrence of marriage at ever younger ages in Russia was dropping in the proportion of non-marital births, from 13.9 percent in 1959 to 10.8 percent in 1980. By contrast most of the western countries experienced an intensive growth of non-marital fertility in this period. And these facts raise some argument that forced marriages may play in fertility dynamics in general and particular to Russia. J.Bourgeois-Pichat was one of the first to draw serious attention towards this issue. He has made several arguments to establish the idea that the changes associated with a new phase in western fertility decline, considered to start in the mid-1970s. Most notably the upward trend in mean age at marriage shift in fertility concentration towards women at older ages and increase in non-marital births may be due to considerable

decline in forced marriages with unplanned conceptions in general. This is a clear indication that now people are very selective about regulation of life cycle event within a family and by individuals by benefiting from newly available values and economic opportunities. In this wide availability of modern and effective contraceptives were like tools which help in greater choice in marital and sexual behaviour patterns and timing of childbearing.

Another feature of Russian fertility patterns which demands attention is the interval between successive births, or the timing of births. Research on this topic reveals that a slow decline in the TFR during the 1970s was not only accompanied by a shift to younger ages in marriage and fertility and a decrease in the probability of the higher-order births, but also by a reduction in the intervals between births. This is evident that in low fertility settings, shifts in timing of first, second, and third births may considerably affect the overall level of TFR. The interval reduction mean that children of the same order are born by women of different cohorts: some of them according to a normally expected "schedule", while others are born somewhat earlier, or ahead of "schedule". The result is an abnormally high number of the births and high TFR.

The early marriage of girls and the shortening of birth intervals contributed to the emergence of births of second and higher orders occurring at even younger ages. The Russian family planning model is also responsible for the shifts in birth timing during the 1970s. Because of less awareness about effective contraceptive devices as well as lack of availability of contraceptives, abortions were prevalent. There was virtually no domestic contraceptive industry and imports from other countries are negligible. According to the estimate made by A.Andreev and I Troitskaya, for the 1970s the life-time abortion rate was 4.0-4.5 per women in Russia. (Avdeev A. & Blum A.: 1994: 931 and Andreev.A & Troitskaya.I: 1991:145). However such a fertility control strategy is actually a birth limitation factor rather than family planning as, in fact, attempts are made only to regulate the number of children not the spacing of their conceptions. Russian women apparently achieve the desired number of children in young ages as soon as possible by

reducing the birth intervals, with the unplanned pregnancies resulting in induced abortions.

In the late 1970s, the combination of low fertility, an extremely large contribution by younger mothers to the total number of births, and short intervals between successive births were characteristic of Russian fertility.

### **Regional variations in fertility**

Regional disparities are evident in all demographic variables whether it is migration patterns, family and household dynamics, mortality pattern and causes of deaths, age distributional patterns, sex ratio imbalances, ethnic compositions and mixing and un-mixing of people. Whether it is in fertility patterns. About fertility there are some interesting facts like ethnic Russians are often more impacted by high death rates and lower fertility rates, the east and south tend to have higher birth rates due to age distributional differences and cultural differences and rural regions tend to have higher birth rates than urban regions. Fertility is as such is influenced by economic, social, political, cultural and environmental variables each of which exhibits its own particular geography across Russia's regions.

Total fertility rate in Russia have declined remarkably during transition. In 1987 women had an average of 2.19 children over the course of their lifetime, but by 2000 this had fallen to just 1.21 (Heleniak: 2003: 326).

In Russia both, long term history of declining rates of fertility and transition played a very discouraging role of childbearing. The decline reflects a historically engendered decline in cohort of child bearing age, as well as long term trends of increasing urbanization and educational attainment and also transition engendered factors such as increasing 'pauperization', the increasing availability of contraceptives and widespread demoralization about future prospects.

Regional divergences in total fertility rates remain significant but are much less so than during the 1960s and 1970s when fertility rates ranged from an average of 1.4 children per woman in Moscow to 4.9 children in Dagestan. Fertility rates presently range from an average of one child per woman in much of central and north-west Russia to 2.1-2.3 in Dagestan and Ingushetia (Prendergrast G Jessica: 2004 :14). Certain regions suffer sharper fertility declines than others. For example, between 1990 and 1995 the total fertility rate fell by 29-34 percent in all regions except the North Caucasus where the decline was 26 percent. (Becker, C. M. and D. D. Hemley: 1998: 1962)

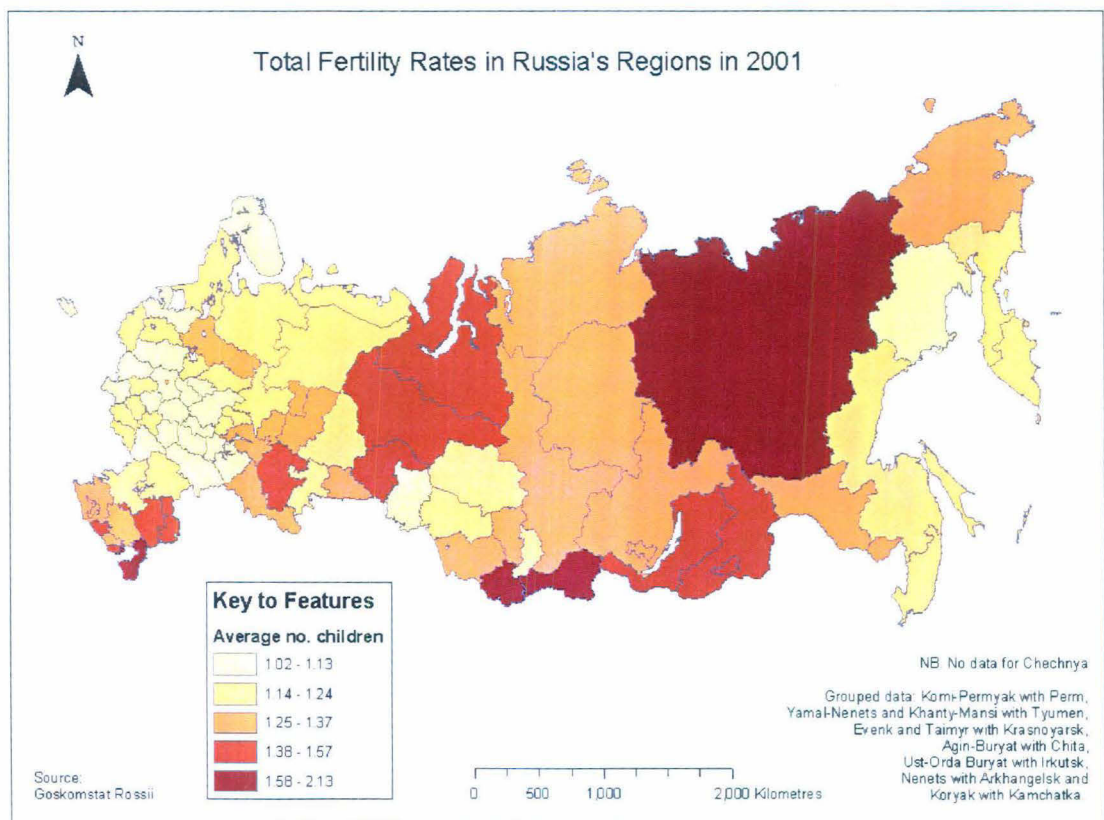


Figure no. 1.2 Source: Goskomstat Rossii: 2001

Between 1990-1993 above-replacement fertility still characterizes the rural population of some of Russia's southern and eastern territories. The North Caucasus Region which is

the region with the smallest proportion of ethnic Russians has the highest fertility level among the economic regions.<sup>5</sup>(Kingkade, W: 1997: 2)

Within ethnic communities there are differences in fertility rates and in this way different cultures, religions and traditions seem to have significant role in terms of the number of children desired and thus born as well as impacting attitudes to related issues such as age of marriage, abortion and divorce, which indirectly affect the birth rate. For instance, non-Slavic, especially Muslim ethnic groups tend to have higher birth rates and larger families than their Slavic or European counterparts. It has been argued that some Muslim regions in Russia with fertility pattern more akin to those of developing countries than to the rest of Russia.

### **Summary**

The negative population change in Russia as well as rapid fertility decline experienced during early 1990s brought contradictory responses in public opinion and in professional publications. In the present scenario fertility status in Russia can be understood only by conducting a demographic analysis of the process over a relatively longer historical period.

The analysis of fertility since the beginning of the twentieth century through recent decades in comparison with other advanced countries shows that Russia followed a unique path of fertility trends during entire period under study. Russia's typical qualities were caused by differences in its initial date of transition and its process of social modernization. Russia's social and political transformations have a great impact on Russia's population history. Its demographic processes were deeply influenced by social catastrophes which repeatedly broke the long term patterns of population dynamics.

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<sup>5</sup> According to US Department of Commerce, Economics and Statistics Administration, Russia has been classified in 11 Economic Regions i.e. North, North-west, Central, Volga-Vyatka, Chernozem, Volga, North Caucasus, Urals, West Siberia, East Siberia and Far East.



## **Chapter II: Literature Review**

## Literature review

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Despite relatively scarce data, a great number of works exploring Russian (Soviet Union in its time) population trends and perspectives are available both in Russia (e.g. Center for Demography and Human's Ecology 2000, 2001; Goskomstat Rossii 1998; Andreev, Darsky, and Khar'kova 1993, 1998; Vishnevsky and Volkov 1983; Sifman 1974; let alone statistical and analytical yearbooks) and in the West (Blum and Avdeev 2000; U.S. Bureau of the Census 1980, 1997, 2000; United Nations 1992, 1999; Hollander 1997, Shkolnikov, Mesle, and Vallin 1996; DaVanzo and Farnsworth 1996; Chen, Wittgenstein, and McKeon 1996; Barkalov and Darsky 1994; Keyfitz and Flieger 1990; Anderson and Silver 1989; Pressat 1985, Berent 1970a, 1970b). Researchers pay special attention to Russian population losses caused by wars, revolution, repression, deportations, and famine (Andreev, Darsky, and Khar'kova 1990, 1993, and 1998, Wheatcraft 1981, 1990, and 1995; Denisenko and Shelestov 1994; Livi-Bacci 1993; Polyakov 1986; Maksudov 1989; Anderson and Silver 1985; Davies and Wheatcroft 1984; Rosefielde 1983, 1984; Dyadkin 1983; Boyarsky 1975; Urlanis 1968; Eason 1959; Timasheff 1948; Lorimer 1946).

The extreme and sustained character of Russia's fertility decline demands for explanation, both for theoretical as well as for policy purposes. Various explanations for Russia's fertility decline have been proposed (Edmondson H Linda: 1992, Kate Clark: 1994, Hollander 1997; DaVanzo and Grammich 2001; Zakharov 2001; Anderson 2002; Kohler and Kohler 2002; Heleniak 2005). In broad outline, we might distinguish various explanations given by these scholars:

### One-party rule to democracy

The political changes that swept central and eastern Europe a decade ago were on a scale rarely seen in twentieth century Europe, a period of major political upheavals on the continent. Within a few years, one communist-led regime after another fell, paving the way for multi-party democracies and leading to the dissolution of the former socialist federal states.

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Decisions that individuals and couples take regarding the forming of a family and the bearing of children – intimate decisions *par excellence* – are invariably influenced by their general condition, including political and economic circumstances that may be perceived as leading to an uncertain future. The survey-based studies coordinated and conducted by Moors and Palomba (H. Moors and R. Palomba: 1995) in nine European countries have, among other things, enquired as to whether individuals in their childbearing years attribute fertility decline, *inter alia*, to “fear of the future”, and also, whether the desire not to have a child might be influenced by concerns that individuals may have about the future. The studies showed, more for some countries than for others, that indeed, in the minds of the interviewees, misgivings about the future *are* responsible, among other factors, for the fertility decline as well as for their personal decision to remain childless or not to have another child. In line with this research, it may be hypothesized that confidence in the future might have declined, in some instances abruptly, among the young people in the former socialist countries as they experienced the political and economic transition. With respect to the political changes, it seems plausible that the political transformation and dissolution of countries especially where they were abrupt and turbulent, led young people to wonder what the future held for their future families and accordingly chose to postpone or altogether forego forming them or having children.

The link between political events and fertility is less easily demonstrable. It appears that in the former Soviet Union, couples began opting for fewer children in 1989, a year before the rapid drop in fertility became manifest in the various former republics. By this time, political changes, including the independence movements in the Baltic States that eventually resulted in the dissolution of the Union on 31 December 1991, gained momentum. It may be that the trend in favour of fewer children got underway in response to what could have been perceived as growing political instability. At this time, there were no signs yet that the economy would go into a major recession; that started to happen only a year or two later.

Did the effects on fertility of the sudden change of government, for example in Romania, or the deepening and protracted political crisis, such as that in the former Soviet Union before and soon after its dissolution, persist for some time? The surveys-based results for eastern Germany, referred to above, suggest that this indeed might have been the case. This, however, is not proven, and the present analysis does not attempt to separate the effects of political change from those of other developments, in particular the onset and progression of economic crisis. There is, however, evidence, albeit inconclusive, that the political situation in the former Soviet Union around 1990 did have a more lasting depressing effect on fertility.

### **Slow growth to economic downturn**

The 1980s were a period of persistent deepening of structural problems in Soviet Union (Centrally planned economy); Rates of growth fell to unprecedented low levels and the standard of living continued to decline in several of these countries. Perestroika was a response to Soviet economic problems, which eventually contributed to the deepening of the crisis rather than to its solution. Economic reforms, accompanied by institutional changes were undertaken in many of the CIS countries, with more success in some than in others. Declines in output, employment and trade ensued, accompanied by the emergence (or rise) in unemployment and inflation or hyperinflation. Real wages, social entitlements and services, and living standards declined as well. In some countries the trends have been reversed sooner than in others; in some they still persist.

The possible relationship between the fertility decline and these economic developments, however, is of paramount interest. The question appears to be not so much as to whether the economic downturn had an effect on fertility but rather; how its strength and duration might have varied in different settings. From minor exceptions aside the decline in total fertility rate went hand in hand with the economic decline. However, the relationship is non-linear; the immediate post 1990 TFR decline is much faster than the decline in output. The fertility declines at this early stage have been primarily a result of the

unsettled political situation in the former Soviet Union at the time exacerbated by the failed coup in August 1991. Towards the middle of these 1990s and beyond, economic deterioration then became the dominant factor.

Russia experienced a severe economic crisis accompanying the collapse of the Soviet Union and the introduction of radical market reforms in 1992, with steep inflation, negative growth and surging unemployment, and widespread structural dislocations. This may have reduced fertility by producing uncertainty about the future and increasing the costs of child-rearing. Some evidence suggests that economic shocks lead to short-term fertility decline in other national contexts, and Russia's crisis during the 1990s was especially severe and persistent: stable growth did not resume until 1999. Darski's view that the social and economic crisis has led couples to opt for fewer children, and particularly fewer second- and third-order children appears valid, but perhaps less so for the years around 1990 than the subsequent period (L Darski: 1992). Not only did the total fertility rate fall throughout the Soviet successor states, but this trend was accompanied by a drop in the mean age of childbearing, signifying a likely greater reduction in second- and higher-order births rates than in first-order birth rates.

### **The spread of western behaviour**

In the middle of the 1960s marked the end of the postwar baby boom and a beginning of a new era of profound, multifaceted fertility change in the western Europe, referred by some population scholars as Europe's second demographic transition. (Lesthaeghe R and Van de Kaa: 1987) The postwar generations, coming of age since the 1960s, have increasingly challenged the precepts and norms of their parents in a variety of areas. Among the results were the sexual revolution, the anti-war, anti-nuclear and environmental movements, and a revival of the feminist movement ideals. The norms that for a long time had guided the formation of and the life within families were also brought into question and new forms of family and reproductive behaviour emerged. Cohabitation grew while marriage receded, and having babies in consensual unions became increasingly acceptable. Five years before the actual collapse of the USSR and the implementation of radical economic reforms, the Soviet government's *glasnost*' policy

drastically reduced the degree of censorship, effectively exposing Russians to norms and values predominant in developed societies outside the Soviet bloc. Exposure via international media and cultural products to individualistic “Western” norms could have brought the “second demographic transition” (Van de Kaa 1987; Lesthaege 1995) to Russia, which would include declining fertility and increased non-marital childbearing, along with declining marriage and increasing extra-marital sex, divorce, and cohabitation. The norms that for a long time had guided the formation of and the life within families were also brought into question and new forms of family and reproductive behaviour emerged. Growing individualism, changing tastes and expectations, diminishing religiosity, and economic independence of women seem to be important reasons in many countries for the shift to sub replacement and late fertility.

In the context of the present analysis, the consideration of these west European developments invites questions pertaining to central and eastern Europe. Has the spread of the new forms of family and reproductive behaviour been confined to the countries with market economies? Or has it made inroads into the former socialist countries since they opened up to the rest of the world, and particularly to their western neighbours? In particular, has the recent fertility change in this part of Europe, including the fertility decline, been a result of the spread of these new forms of behaviour?

### **Government policy**

The Soviet government introduced pro-natalist policies in the early 1980s, (Hollander D: 1993: 97) offering such incentives as paid maternity leave and a variety of benefits in public services and housing for families with at least three children. Some data indicate that women had their first three births at progressively younger ages and spaced them more closely than before as a result. These could have inspired an acceleration of births in the first half of that decade, leading to corresponding (and artifactual) decline in fertility rates later in the decade and a further decline when those policies no longer held sway following the Soviet collapse.

The early 1990s, however, witnessed a reversal in the trend toward reduced birth intervals. DaVanzo noted that past pro-natalist policies were largely unsuccessful; the anti-alcohol campaign, though successful in reducing alcohol consumption and mortality, was so unpopular that it was abandoned; and policies to increase immigration are likely to be very controversial politically. Policies to reduce mortality are probably more likely to be successful than those to increase fertility, and economic improvements are likely to help improve health and increase life expectancy. Because high Russian death rates are due in large part to poor health behaviors (too much smoking and drinking and unhealthy diets), public health programs could play an important role. Russian and Western leaders must work together to look for ways to help improve the health and life expectancy of the people of Russia.

Russian President Vladimir Putin recently directed his nation's parliament to develop a plan to reduce the country's falling birthrate. In a speech to parliament on May 10, 2006, Putin called the problem of Russia's dramatically declining population, "The most acute problem of contemporary Russia." The president called on parliament to provide incentives for couples to have a second child to increase the birth rate in order to stop the country's plummeting population. But during 1991-2001 there is no such incentives given by the government to improve fertility.

### **Abortion**

Fertility in Russia has been adversely affected by the common practice of using abortion as a primary means of birth control. That technique remains common and quite popular today, keeping the country's birth rate exceptionally low. In 1920 the Soviet Union was the first country to legalize abortion. It was, moreover, somewhat tempered, and presented the liberalization of abortion as a lesser evil:

*"[The Soviet state] combats abortion, by reinforcing the socialist regime and the anti-abortion campaign conducted among working women and by making provision for mother and child welfare. This will lead to the gradual disappearance of the practice. However, the*

*traces of the past and current economic conditions lead women to have recourse still to this operation. The People's Commissariat for Health and the People's Commissariat for Justice, while protecting women's health and in the interests of the race, considering that repression in this field has not given the expected results, decrees [that abortion is authorized].”(Preamble to the Edict of 18 November 1920: 1958: 63)*

But these years were to be short-lived. From regulation and a will to understand, it was a small step to repression. It led to the banning of abortion on 27 July 1936.<sup>6</sup> In fact, the theories that had been put forward to justify the legalization of abortion were not backed up by statistics. The logic was that an improvement in living conditions would make it easier to have children, and would thus increase family size. But on the contrary, women who were well-off were observed to have more abortions than their poorer sisters. Two theories were opposed. One, based on the traditional Pirigov Society position, called for the diffusion of contraception as an alternative to abortion. The other, further removed from actual observations, continued to postulate a direct relationship between fertility and standard of living. Its victory led to greater importance being given to theoretical arguments, to the loss of social observation.

Sixteen years later it was prohibited, except in certain circumstances, to compensate for the millions of lives lost in the collectivization of agriculture and the widespread famine

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<sup>6</sup> (Edict of the Central Executive Committee (CIK) and the Council of People's Commissars (SNK) of the USSR. *Postanovlenie CIK-SNK* of 27 July 1936, *XO zapreshchenii abortov, uvelichenii material'noj pomoshchi rozhenitsam, ustanovlenii gosudarstvennoj posmoshchi mnogosejnim, rasshirenii seti rodil'nykh domov, detskikh jaslej i detskikh domov, ob usilenii ugovnogo nakazaniya za neplatezh alimentov i nekotorykh izmenenijakh v zakonodatel'stve ob abortakh*. Cf. *Postanovlenija KPSS i Sovetskogo pravitel'tva ob okhrane zdrovija naroda*, Moscow, 1959, p. 264) Edict states that decree of CIK-SNK of 27 July 1936, about prohibition of abortion, increasing finance assistance to pregnant women, establish government assistance to big families, increase the numbers of hospitals (where maternity facilities are provided), kinder garden and children house, punishment for them, who is not paying maintenance to their departed children. These are the some changes to decree of abortion. Decree of Communist party of Soviet Union and Soviet government about health care system for people. Moscow 1959. pg. 264.



that followed in the 1930s. Until the death of Stalin in 1953, doctors could only observe a reflection of illegal abortions and note the trends in maternal mortality. Accounts of this period were not disclosed until much later. The following description was published in 1968:

*"The number of illegal abortions rose substantially from 1936 to 1955. Abortions resulting in infection and fever, peritonitis, perforation and haemorrhage of the matrix led to a sharp upturn in abortion-related morbidity and mortality. Chronic inflammation, sterility, ovarian disorders became considerably more frequent."*(A.A. Verbenko, S.E. Il'in, V.N. Chusovaja, T.N. Al'shevskaja: 1968: 8)

The practice was fully legalized once again in 1968, and an entire industry evolved offering abortion services and encouraging women to use them. Although abortions became easily available for most women, an estimated 15 percent of the Soviet totals were performed illegally in private facilities. Because of the persistent lack of contraceptive devices in both Soviet and independent Russia (and the social taboo on discussion of contraception and sex in general, which continued in the 1990s), for most women abortion remains the only reliable method of avoiding unwanted pregnancy. Russia continues to have the highest abortion rate in the world, as did the Soviet Union. In the mid-1990s, the Russian average was 225 terminated pregnancies per 100 births and ninety-eight abortions for every 1,000 women of childbearing age per year--a yearly average of 3.5 million. An estimated one-quarter of maternal fatalities result from abortion procedures.

According to a Russian news source, there are more abortions than births in Russia. Contraceptive use is limited, and abortion is the main fertility regulation method for many women. In 1992, the abortion rate was 98 per 1,000 women aged 15-49, and abortions outnumbered births by more than two to one (Hollander D: 1997:1)

Although abortion was once the most common form of birth control for Russian women, recent improvements in the availability and quality of contraception, and the increases in contraceptive use that have resulted, have led to a substantial reduction in the number of

abortions performed.

The online news source mosnews.com reported that in 2004 1.6 million women had abortions in Russia while 1.5 million gave birth. In 2003, the BBC reported that Russia had, "13 terminations for every 10 live births."

### **Burden on women**

Of overwhelming importance is the double burden working women bear combining the roles of wife, mother and house wife, as well as that of worker. It has been estimated that the average work load for working women is 76.3 hours per week. (Kate Clark: 1994:118) Under such conditions, how can women recuperate their strength for the next working day or realize their potential as individuals at work, in social and political affairs, or in the family?

The economic pattern that has emerged from the influx of women into the economy is that the Soviet family came to depend on two incomes. The results of a survey carried out by the State Statistics Committee in 1900 showed that over 80 percent of the women respondents gave the need to support their families as the main reason for going out to work. Only about 15 percent said that their work enables them to feel independent. Office workers experienced the highest level of financial independence. Office workers experienced the highest level of financial dependence 48 per cent of them emphasized this fact; the most financially dependent women were those with children under 7 (53%) and those with children between the ages of 7 and 16 (50%) and the least financially dependent were women between the ages of 51 and 55. since this survey has conducted, women have become even more financially dependent, both as a result of lower pay in the feminized sectors and a sharp increase in the number of women losing their jobs. In this situation of course women are virtually deprived of the chance of choosing between work and home. Redundancies have deprived women any choice between low paid professional work and higher paid manual work. (Kate Clark: 1994:118)

Women in Moldova, Russia, Belarus, Latvia, Kyrgyzstan, Turkmenistan and Tajikistan were particularly interested in working shorter hours: 78-91 per cent of women republics wanted a shorter working day. The breakdown of women wanting to work a shorter day but for various reasons unable to make use of this right is as follows: 50.2 percent of women wanting to work shorter hours cannot do so for financial reasons- the woman is the sole breadwinner in the family; 17.3 percent of women indicated that conditions at work did not permit them to work shorter hours; 16.4 percent said that working shorter hours would cause problems for the rest of the work collective; 11.5 percent said management did not agree to it ; 18.8 percent said it was difficult to find work of this kind ; 3.8 percent gave other reasons. The majority of women therefore, are unable to make use of their right to work shorter hours because they lack financial means, 45 percent of women would have worked shorter hours if the nature of their employment or their managements allowed them to do so this example confirms the theory that the present structure of women's employment is to a large extent forced on them and corresponds neither to women's own interest nor to the interest of the nation's economic development.

### **Women's role in patriarchal structure**

Not many women in Russia are feminists - they tend to lean towards patriarchal views and way of life. But life itself compels them to reproach men. Sociologists talk about "gender asymmetry" with good reason. On average, women earn only 70% of men's salaries, and get 40%-50% of their pensions. For a long time, they have been doomed to low-paid spheres - healthcare, education and culture. It is no surprise that women working two or three jobs at the same time have become a typically Russian phenomenon.( RIA Novosti: March 8, 2007 )

It has become a clincher to state that women occupy a marginal position in the patriarchal culture and public life of Russian society. Unfortunately, the clincher still contains great deal of truth. Without question this peripheral status led many Western researchers to assess more favourably than they would otherwise have done a society where both sexes expected to be paid employment and where the ruling ideology (if not its

implementation) was explicitly egalitarian. With few exceptions such researchers concluded on closer scrutiny, that Soviet society in its way was as exploitative and misogynist as their own, and that the low level of material prosperity made soviet women's lives more onerous in most respects than the lives of the majority of women in the affluent society of the west. (Edmondson H Linda: 1992)

Women also are carriers of patriarchal ideologies as well as its victims. Patriarchy presented as a universal ideology and accepted as such. Women unknowingly are part of such ideological practice and thinking and of course play a role in reproducing, socializing these ideas.

### Popular habits

Cohabitation among the unmarried is becoming increasingly common and tolerated in Russian society. Among men and women aged 16 and older, 47 per 1,000 and 39 per 1,000, respectively, were in cohabiting relationships in 1994. Although in general, a larger proportion of men than of women cohabit, the reverse is true at ages 16-24. Cohabitation is more prevalent in rural than in urban areas. Another noteworthy aspect of recent Russian fertility trends is the rising share of births out-of wedlock.

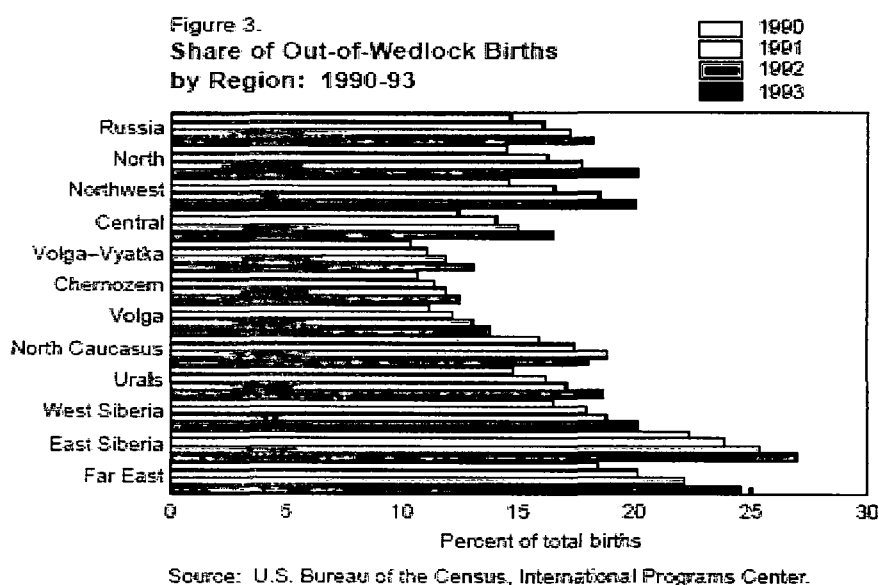


Figure no 2.1

As of 1993, roughly 18 percent of all births occurred to unmarried women, and the share has risen steadily over the past few years (figure). This is close to the West European average and comparable to the White population of the United States. The share of out-of-wedlock births is twice as high in East Siberia and the Far East than in the Volga and Chernozem regions.

Drug use, alcoholism and sexually transmitted diseases (STDs) are leading reasons for the decline, said Murray Feshbach<sup>7</sup>. About 15% of Russian couples are infertile, he said. And as many as 75% of women experience serious medical problems during pregnancy. The official fertility rate - understood as the average number of children a woman has between the ages of 15 and 49 - was 1.17 in 1999. The minimum rate for a population to replace itself is 2.5, Mr Feshbach said.<sup>8</sup>

### **Health care system**

The public health care system is in crisis. Doctors and paramedics, though relatively numerous but are notoriously poorly trained, lack of modern equipment, and are badly paid. While figures for their wages in rubles are all but meaningless, owing to the collapse of the ruble, it is noteworthy that in 1991 the average salary in the sphere of health care was only 68.2 percent of the average for the national economy as a whole. This helps to understand the corruption rampant among medical personnel- bribes are generally required for everything from a change of bed linen to obtaining the services of the right surgeon.

Hospital and polyclinic buildings in Russia are in doubtful shape. Approximately 15 percent of these were built before 1940, and only about the same percent were constructed between 1981 and 1990. Nine or ten percent are said to require 'emergency' repairs; they should in fact be torn down and replaced. At the same time, 46 percent of the former and 31 percent of the later are in need of a major, though not complete, overhaul. Roughly 12 percent of the country's hospitals and 7 percent of its polyclinics

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<sup>7</sup> a senior scholar at the Smithsonian Institution's Woodrow Wilson Center

<sup>8</sup> "Russian population in steep decline", BBC Online news, Tuesday, 24 October, 2000, 21:45 GMT 22:45 UK

lack running water; 42 percent and 30 percent, respectively, are not supplied with hot water; 18 percent and 15 percent respectively, are not connected to sewage system and a mere 12 percent of both have central heating.( as per 1992 records from Powell E David: 1993).

Among the most widely discussed aspects of Russia's health care problem is the shortage of medicines- termed as "catastrophic" between 1987 and 1991(Pravada: December 31, 1991), supplies of pharmaceuticals fell from 82 percent to 70 percent of the country's needs since 1985, domestic production of pharmaceuticals has gone from supplying 52 percent to 34 percent of demand; imported drugs come primarily from eastern Europe, and the "newly emerging democracies" there now demand hard currency for their products.

The inefficiency of the Russian healthcare system has also affected Russia's mortality rates. Under the old Soviet system, health care was originally designed to control infectious diseases, rather than treat more modern "civilization" illnesses, such as cardiovascular disease. There was an emphasis on quantity over quality, which resulted in poorly trained healthcare personnel and inadequate medical facilities. There is very little emphasis on preventative care or public health. One particularly disturbing finding showed that the current high death rates come from largely preventable diseases. Because wages for healthcare professionals are so low, many of the more skilled or better educated choose to emigrate to the West.

## **Summary**

Many authors, researchers tried to explain the possible causes of fertility decline in Russia known the fact that data is limited and sometimes the changing definitions in demography can also misled the public. There are many factors responsible for the fertility decline, all these causes discussed in this chapter. Mainly political instability accompanied by economic instability; western norms and influence on Russian society particularly on women's; the absence of pro-natalist policies given by government;

system also affects the overall fertility patterns in the country. abortion as a common practice method for controlling the unwanted child; lack of availability of modern contraceptives; double burden on women's as they are the wife, mother and house wife as well as that of worker due to economic constrain; patriarchy as notion also affects not only the position of women in Russian society as well as it affects the economic part of it; popular habits like cohabitation, drugs taking, alcoholism and sexually transmitted diseases (STDs) are prevalent in Russian society; ruined health care

## **Chapter III: Economic transition and fertility**



### **Economic transition and Fertility in Russia**

During 1965 to 1980, Russian total fertility trend fluctuated around replacement level and rose a peak 2.19 (TFR) in 1987 as a result of pro-natalist policy of government which include partially-paid maternity leave and special housing and other public benefits for families with three or more children (Zakharov and Ivanova: 1996). Again in the initial year of 1989 the fertility rate begun to decline and this decline accelerated substantially after 1990. This precipitous decline in the Russian total fertility rate after the onset of the economic and political transformation in 1990 is depicted in figure 3.

**Figure 3: Total Fertility Rate (TFR)**

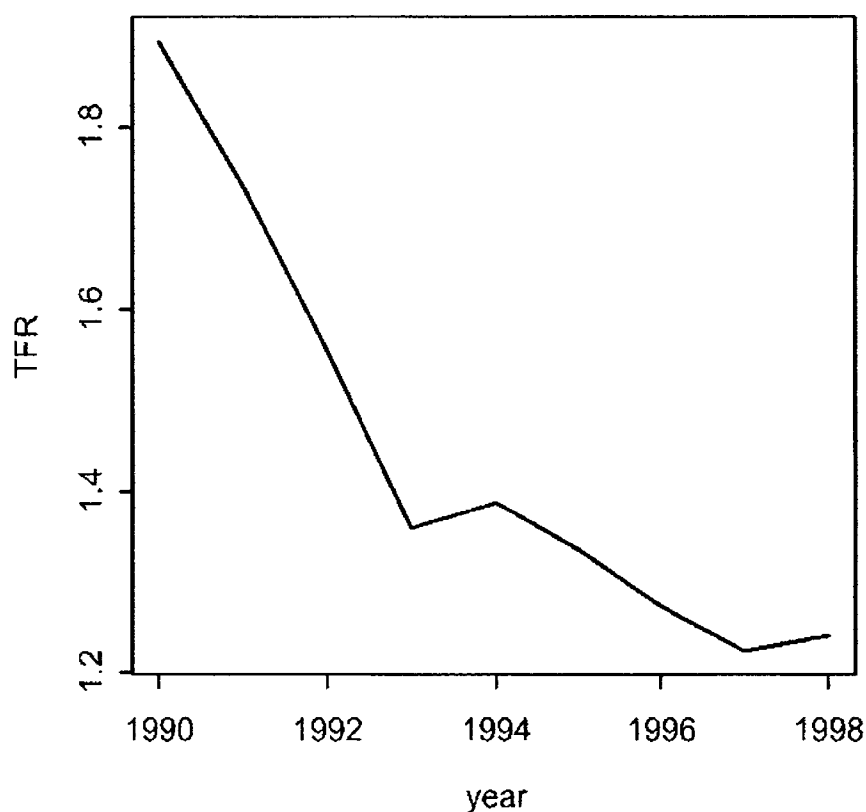


Figure no 3.1 (Source: Kohler H Peter and Kohler I: 2002: 237)

By 1990 the government had virtually lost control over economic conditions. In December 1991 Soviet Union was officially disintegrated. In 1991 the Soviet gross

domestic product had declined by 17 percent and was further declining at an accelerating rate. At that time overt inflation was becoming a major problem. Between 1990-1991 retail prices in the Soviet Union increased 140 percent. Under such conditions the general quality of life and public dissatisfaction with economic conditions was much more pronounced ever before in the Soviet Union. During 1992, the Government lifted price controls on 90 percent of consumer goods and 80 percent of intermediate goods. There are sharp reductions in government spending, targeting outlays for public investment projects, defense, and producer and consumer subsidies. These ill-advised monetary and fiscal policies resulted in an inflation rate of over 2,000 percent in 1992. Moreover, by the end of 1992, the Russian budget deficit was 20 percent of GDP, much higher than the 5 percent that were stipulated under the International Monetary Fund conditions for international funding. These difficult economic times at the end of 1993, were accompanied by a major political change, when Yeltsin issued decrees prescribing procedures for multiparty parliamentary elections, which would be the first since tsarist time. (Kohler H Peter and Kohler I: 2002)

In 1995 official government estimates placed 39 million people, or 26 percent of the population, below the poverty line. Moreover, delays in wage payment had become a chronic problem even in profitable Russian enterprises, and it affected an estimated 13 million people in mid-1995. Late payments of state subsidies and customer debts were common phenomena in Russia. The economic condition of many Russians was only ameliorated by earnings from additional jobs or by access to private plots of land. In a 1994 survey, 47 percent of respondents reported that, some form of additional material support, and 23 percent reported having supplementary employment for living. (OECD: 1995). But the conditions changed by the second half of 1995, and this time reason was totally political. The members of the State Duma faced elections in December, and Yeltsin faced dim prospects in his 1996 presidential re-election bid. Therefore, in the last quarter of 1995, the monthly inflation rate also remained steady below 5 percent, and it only modestly increased in the first half of 1996 to a monthly level of 16.5 percent. After this event in mid 1996, experts found results promising but mixed. The World Bank writes:

*“In spite of the promise and optimism with which the dissolution of the USSR was greeted, the economic transition upon which Russia embarked in 1992 has not always sustained that optimism. The process of making the transition to a market-based economy has not yet provided Russia with an enduring basis to sustain growth. Recent developments serve only to accentuate the fragility of the gains which have been made in severing Russia’s bonds with the Soviet legacy. The course of transition is far from complete.... ..... poverty still remains a serious problem. The working poor, families with many children, and single enterprise towns, where factories have been down-sized or closed, have experienced the greatest difficulties. In this situation, given constrained financial resources, ear-marking and better targeting of state assistance to the poor is the key issue for the government and the focus of social reforms” (World Bank: 1998: 1).*

By this report one can easily make conclusion that Russia not only faces the problems associated with a restructuring of the economy but also the disappointment that the initial promises and hopes did not materialize during this process. As well as, the disproportional effect of transformation on certain groups like poor, women and children and so on.

(b) Trend in TFR (by order) and p.c. GNP

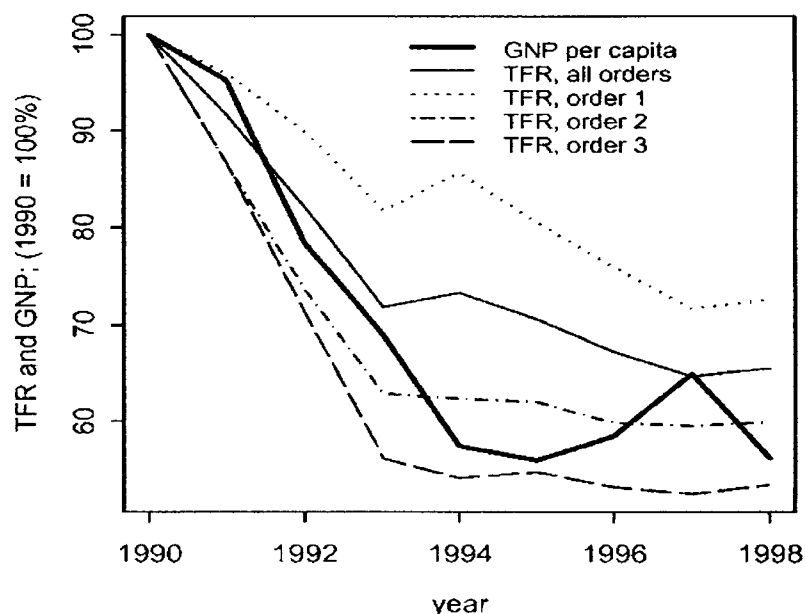


Figure no.3.2 (Source: Kohler H Peter and Kohler I: 2002: 237)

The above figure relates the trend in per capita GNP. The Atlas Method<sup>9</sup> used here is widely used measure of economic wellbeing to the total fertility rate since 1990.

In the figure there is a strong positive relationship between declining rate of fertility and per capita GNP. To be very precise, the total fertility rates for second and third births fall and then level-off in close accordance with per capita *GNP*. Only for first births, this association between *GNP* and the total fertility rate is less marked. This pattern is supportive of the “crisis explanation” for the fertility decline after 1990, since this theory

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<sup>9</sup> The Atlas Method is the World Bank’s official estimate of the size of economies.

GNI is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. Data are in current U.S. dollars, converted from countries’ respective national currencies using the Atlas method, which uses a three-year average of exchange rates to smooth effects of transitory exchange rate fluctuations. (Gross Domestic Product & Gross Domestic Product (nominal) per capita growth rates, however, are calculated from data in constant prices and national currency units, not from the Atlas method estimates). The World Bank favors the Atlas method for comparing the relative size of economies and uses it to classify countries in low, middle and high-income categories and to set lending eligibilities in order to reduce short-term fluctuations in country classification. (Wikipedia, the free encyclopedia.)

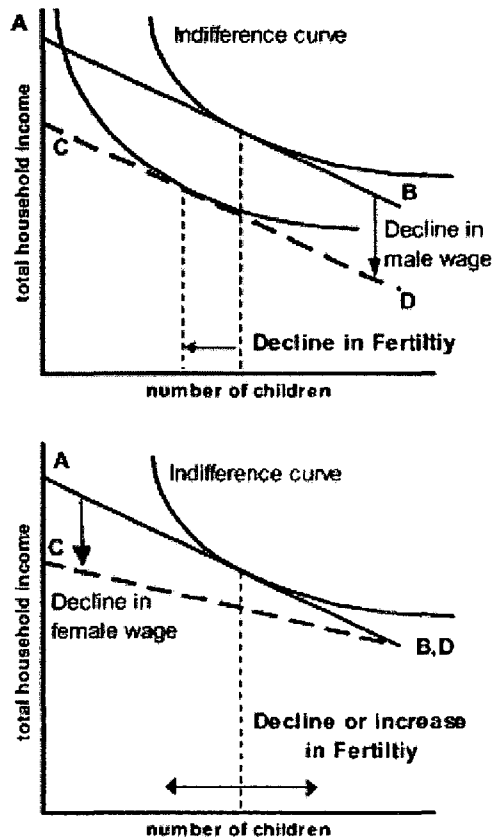
emphasizes the close association between economic well-being and fertility. This graph is also consistent with the World Bank's assessment that families with children are among the groups most affected by the transformation process. And it is consistent with the argument that the transition was associated with a substantial disincentive for having children, especially of higher order (Andreev et al: 1998).

The main limitation of my analysis is that it is based on macro data. The relationship between economic conditions during transition and fertility levels or trends does not suggest that economic deprivation is the major disincentive for having children at the individual level. The aggregate association neglects the variation across social strata or geographic regions, and it does not emphasize on the question of who is having children in contemporary Russian society – is it those most affected by economic hardship, or is it those who have experienced a more or less successful adjustment to the new social and economic system? Still we have to find it out.

## **Labour markets and fertility**

### Economic Fertility Theory

Before going to any kind of empirical relationship between fertility and labour market indicators, it is useful to review briefly the basic economic approach to fertility decisions (for a comprehensive and influential treatment see Becker, 1981). The main assumptions of this approach include that parents derive utility from children, and that the decision to have children is associated with trade-offs. Children are costly in both monetary and psychosocial terms, and they also require a substantial investment of time. Since fertility decisions have long-term implications, the most important determinant of these decisions is expectations about the medium and long-term costs and time investments associated with the decision to have children.



Economic fertility theory: the "value of time" approach.

Figure no 3.2

Moreover, these time requirements for rearing children are usually distributed asymmetrically within households, with women carrying the primary responsibility. Female labour force participation is thus inherently connected to fertility decisions, and is therefore central to many economic fertility models

This is illustrated by simple diagram (figure no 3.2) the basic relations that are derived from the 'value of time' approach to fertility, which juxtaposes the decision of a couple/woman to have children against the degree of female labour force participation within the household.

The bold lines **AB** and **CD** represent different budget constraints associated with different levels of female and male wages. The optimal fertility choice is where the indifference curve is tangent to the budget constraint and where the household optimally allocates the female time between the labour force and child-rearing in order to maximize its utility.

In the upper panel of diagram the line **CD** differs from **AB** due to a decline in male wages. Since female wages remain unchanged, the marginal costs of children in terms of foregone female labour income remain unaffected by the declining male income. Hence, in the case of a decline in male wages, the “value of time” approach yields an unambiguous prediction regarding the effect of wage changes on fertility: the lower male wage should be associated with a lower fertility level.

This situation changes in the lower panel of diagram, where the lines **AB** and **CD** differ due to a decline in female wages. Since only women’s time is used for raising children in this model, a change in female wage affects the marginal costs of children, the lower the female wage, the less expensive are children. In addition to this “substitution effect”, a change in female wage also has an income effect: at any given choice for the number of children and labour force participation, a decline in female wages implies a reduction of income that reduces the total resources available for the household. Because changes in female wages imply an income as well as a substitution

Because changes in female wages imply an income as well as a substitution effect, the implications of a decline in female wages are ambiguous. The income effect leads towards a lower fertility level, whereas the substitution effect resulting from lower marginal costs of children leads towards a higher fertility level. It is not theoretically determined which of these two effects will dominate, although it is frequently assumed that the substitution effect is more important than the income effect.

This model clearly represents a simplistic view of fertility decisions, and considerable effort has been devoted to extending it (Becker: 1981 or Hotz et al.: 1997). Despite its simplicity, however, the above model is very useful as a benchmark for considering the fertility effects of labour market crises. In particular, many changes in the labour market conditions during the transition, such as higher unemployment or lower job security, affect the individual’s wage level. For instance, in the presence of unemployment the expected future earnings consist of the wage conditional on being employed times the probability of finding employment. Persistent rises in unemployment or job insecurity, therefore, directly affect the expectations about future earnings and wages. Moreover, the individual’s expectations about such persistent changes in unemployment or job

insecurity are likely to be strongly influenced by current changes in unemployment and labour-market conditions: the most recent conditions constitute the relevant experience that can be extrapolated into the future by individuals, and this “learning on the basis of recent experience” is likely to be particularly relevant in transition countries where individuals are faced with new institutional contexts that share few commonalities with the pre-1990 situation. (Kohler: 2000; Sargent: 1993)

In an approximate sense, the economic fertility model is useful for evaluating the main theoretical effects and behavioural changes following from changing labour market situations for both men and women. In particular, changes in labour market uncertainty and unemployment rates can be considered as factors that affect male and female wages, or non-labour income, and the above model then provides a framework to evaluate the implications of these changes on fertility behaviour.

The most important limitations of the economic theory model refer to the absence of explicit birth timing and joint household decision-making. Both aspects extend beyond the discussion that is possible within the limited space of the present paper. At the same time, these limitations may not be very severe for analyzing the main implications of economic uncertainty and labour market crises on fertility decisions in Russia during the early to mid-1990s. While household decision-making is likely to affect the allocation of resources within households, it does not lead to major changes in the main implications derived from the above model (Behrman: 1997; Ott: 1992). The timing of fertility, on the other hand, is likely to constitute a key aspect in low and lowest-low fertility countries (Gustafsson: 2001; Kohler et al.: 2001). However, due to the short time period that is available in Russian Longitudinal Monitoring Survey (RLMS) panel data; our ability to systematically investigate timing versus quantum changes in fertility is limited. Within a short time horizon, decisions to delay and decisions to reduce the number of children are indistinguishable. Moreover, they are likely to be driven by similar socio-economic determinants, and in the short term the above theoretical framework provides again a background for assessing the fertility implications of changes in both wages and labour market uncertainty. The question of whether delayed births are indeed recuperated at a later age, which is the key issue that determines the extent to which cohort fertility is affected by the current low levels of period fertility, depends on medium and long-term



developments of socioeconomic conditions and labour market situations (Happel et al.: 1984; Ranjan: 1999).

### **Macroeconomic policies and gender equality**

At present it is generally admitted that macro economic policies are not gender- neutral, but they exert a significant influence on all main indicators of gender inequality. First, macro economic policies and policy on the whole are gender-asymmetric in terms of their consequences. Second, gender asymmetry at the micro- and meso- levels exerts a reverse influence on the macroeconomic level. But these issues and their influence on the transformation of the environment to enable the realization of women's participation in development are still insufficiently investigated.

The policy of structural adjustment and economic stabilization is directed at reducing the state interference into the economy in order to make it more free and "sensitive" to the signals of the market. To this end, state investments in social infrastructure and expenditures on social purposes are reduced, and programs of trade liberalization and privatization of the state sector are carried out. These policies are most negatively affecting the poor strata of the population, especially women and children. Social expenditures on reproduction of labour force are moved to the sphere of housework, where they become invisible for society and present an additional burden for women.

Economic preferences and decisions at the macro level exert an evident gender asymmetric impact on the micro level. This means that structural reconstruction negatively affects women by increasing the amount of their reproductive labor. It is women who compensate the social and economic costs of the policy of structural reconstruction both within and outside their households. It exhausts their forces, undermines their health and reduces the opportunities for development of the human capital. Thus, although the policy of structural reconstruction is carried out under the slogan of raising economic efficiency, the "invisibility" of female household work conceals the growing inefficiency of the use of human resources. (N. Rimashevskaya; 2002)

In the course of realization of structural reconstruction and reorientation of the economy towards market efficiency, women increase their contribution to the reproduction of labor force and maintenance of the normal functioning of family to a significantly larger extent than men. But the reproductive sector cannot endlessly compensate the decline in access to the market of goods and services for the purpose of securing basic needs of the family. Therefore, under conditions of lowering incomes women often have to enter into the sphere of informal employment, where they are deprived of normal working conditions and social protection, and also become victims of fragmentary organization of labor. Difficulties of women combining professional and household responsibilities - a "conflict of time", as well as gender discrimination in the labor market, in access to credits, in income distribution, in participation in decision-making - these are the main hindrances to satisfaction of human needs and raising human potential. There is proof that the results of the economy will be higher if gender discrimination in the sphere of labour and employment is reduced.

Various problems at the macro level arise as a result of the gender inequality at the micro and meso-levels. Hence, long-term macroeconomic tasks can be solved only when gender inequality is basically eliminated by means of ensuring equal rights and responsibility of men and women in the sphere of labor, family, education and political participation. These aspects show what goals should be set at the micro- and meso-levels for an enabling environment for achieving gender equality and the advancement of women, taking into account the fields of education, health and work. Still this does not mean that macro economic policies proper can do without taking into account gender factor. The basic principle of economic policies and macroeconomic modeling consists of searching for the primary causes of economic problems, but not eliminating their effects.

### **Gender discrimination and transition**

In the field of employment in countries with transition economy have met with a lot of gender problems, which affect not only the creation of an enabling environment for achieving gender equality and the advancement of women, but also negatively affect the

success of the socio-economic transformations and development. It is obvious that the political and socio-economic measures taken by now for solution of these problems in Russia are not sufficient. Gender problems are as a rule excluded from consideration in the course of working out national strategies for development.

An important consequence of the reforms in the transition economy is changing the main parameters of the labor market, which has lost its exclusively formal character of employment at the state enterprises and turned into a highly polarized structure, which combines employment in the state and private sectors, as well as in the sphere of informal economy. The model of guaranteed full employment was replaced by a wide spectrum of more flexible schemes of employment; unemployment has appeared casual and multiple employment, etc. Due to the deregulation of the labor market, the economic and social transformations have differently affected the social and economic status of men and women.

The problems that countries of transition faced in the course of market reforms first and foremost affected women. Such problems include the growth of female unemployment, the difficulty of finding jobs, the discrepancy between job specifications and the professional qualification of women, the dismissal of qualified women employees, and barriers to career promotion. In addition to the new problems generated by the transition period, there is a set of unresolved problems inherited from the recent past. Such problems include professional segregation, and a social and gender-conditioned gap in the male and female wages. All these problems stem from gender inequality or discrimination against women in the sphere of employment and in the labor market. Unequal treatment of men and women in the labor sphere worsens the quality of labor resources, hinders social development and lowers the efficiency of the economic development.

Discrimination against women in the labor market begins with employers' advertisement of vacancies. For example in Russia, in most instances, such advertisements stipulate the potential employee's sex, age and even requirements relating to appearance.

Discriminatory practices against women seeking employment are also supported by the available statistical data on the job placement of the unemployed after vocational rehabilitation training. The percentage of women who failed to find employment after completing such training is higher as compared to men. Women find it difficult to put their professional skills to use and often encounter barriers to career promotion.

Deterioration of living standards as the result of transformation crisis has resulted in situations when many services which families could formerly buy at the market are now performed by women at home (for example in Russia laundries have virtually disappeared), that resulted in a significant naturalization of household economy. Besides, there was a redistribution of insignificant share of responsibilities concerning child rearing from the state to household members, mainly women. These changes have important consequences for increase in the gender distribution of work within households and dynamics of gender inequality in terms of economic opportunities for women.

Women spend more time on non-market activities or unpaid work. But time expenditures of women are undervalued by the society, which is not only unjust, but also causes a chain reaction in breaking the economic balance and results in declining economic efficiency. Society refuses to recognize or estimate such activities and work as economic activities.

This approach results in the declining investments in female human capital. This “vicious circle” is the main mechanism of influencing gender inequality in participation of women in development throughout the world, but its influence is particularly significant for transition countries.

Different time distribution structures predetermine different status of men and women in the labour market and in the economy. Despite high level of female labour activity, the unwritten “social contract” assigning certain distribution of gender roles in the family and in the labour market is still in force. Thus, women not only have fewer opportunities in the labour market, but also less free time for investing in their human capital. This situation contradicts and doesn't conform to male and female new roles in the labour

market. An enabling environment for achieving gender equality demands that the leveling of gender status in labour activities should be supplemented with its leveling in the household. (UNDP: 2005)

### **From Socialist System to Capitalist System**

The Shock Therapy strategy of economic transformation, which independent Russia adopted, is often identified with a trilogy of specific economic policies i.e. Liberalization i.e. freeing the prices, Stabilization of economy through monetary and fiscal policies<sup>10</sup> and Privatization of State Enterprises.

But Shock Therapy is broader than that it appears. Its name derives partly from one of its most important features i.e. the call for a very rapid transformation of the economy. The huge job of transforming of the Socialist System into a Capitalist System was to be carried out as rapidly as possible – within years. An entire set of radically new policies was to be introduced simultaneously rather than in sequence.

The main specific measures proposed by shock therapy are the following (Kotz M David& Weir F: 2007: 156-157):

- 1 Liberalization of prices
- 2 Macroeconomic stabilization
  - (a) Reduction of government spending to achieve a balanced budget
  - (b) Strict limits on the growth of money and credit
- 3 Privatization and state enterprises
- 4 Abolition of the remaining elements of central allocation of resources
- 5 Removal of barriers to free international trade and investment.

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<sup>10</sup> The term 'Fiscal Policy' derived from the archaic word 'Fisc' meaning the public treasury, is used in modern economics to refer to a national government designing its spending and tax policies so as to regenerate the rates of economic growth and price inflation. This is distinguished from monetary policy; which involves the manipulation of money, credit and interest rates by the central branch, with the same crises of influencing growth and inflation take longer than others.

Price liberalization meant the freeing from state control of both retail and wholesale prices, leaving their determination to the interaction of supply and demand in markets. This was also supposed to include a very special and important price – the ruble’s exchange rate against other national currencies. The government was to give up controlling the exchange value of the ruble, allowing it to “float”, as the expression goes, meaning that its value would be determined by supply and demand in a free currency market.

Macroeconomic stabilization was aimed at curtailing inflation. It had two main parts, one involving the government budget and the second the money and credit policy of the central bank. A large deficit had opened up in the federal budget during the last years of the Soviet Union, and this was to be quickly eliminated. Large reductions were called for in virtually every category of public spending, including military spending, subsidies to state enterprises, social programs, education and public investment. The second part of stabilization policy called for the central bank to sharply reduce the growth of money and credit. The banking system obtained funds to lend largely from the central bank, so the central bank was in a position to directly restrict credit availability to enterprise simply by curtailing its loans to banks.

The privatization plank, called for immediately turning small enterprises into private business. While it was recognized that medium-size and large enterprises could not to be privatized as rapidly, shock therapy called for immediate “denationalization” and “commercialization” of such forms. This meant their conversion from state property into Joint Stock Corporation and their redirection from plan-fulfillment, as under the old system, to profit seeking. At first the state might be the major share-holder, but as soon as possible the state’s shares were to be transferred to private holders, thus completing the privatization process. Privatization was to include the banking system as well as the non-financial sector, with the exception of the central bank.

Abolition of the remaining elements of central allocation of resources is the elimination of the remaining elements of central planning in the economy. While the end of 1991 had largely dismantled the system of central planning, a few elements of government coordination of the economic remained. The most important of these was a system of state orders, requiring enterprises to produce for the state a given quantity of output. Such remnants of central planning were to be discontinued, leaving market forces as the sole mechanism of coordination for the economy.

Removal of barriers to free international trade and investment called for a policy of free trade and capital movement to replace the state-controlled system of the former Soviet Union. Exports and imports of goods and services were to be freed from quantitative restrictions and excessively high tariffs. Foreign investment was to be encouraged, and Russian enterprises and individuals were to be free to invest abroad if they chose. Free trade and investment would be facilitated by achieving a fully convertible ruble, meaning that anyone holding rubles, whether Russians or foreigners would be free to exchange them for foreign currencies at market-determined rates.

Shock therapy stands in stark contrast to be economic approach of perestroika in every respect. Perestroika sought to reform the Soviet socialist economy, and it attempted to do so in a gradual manner using the state to manage the reform. Despite the common use of the term “economic reform” to describe the shock therapy strategy of independent Russia, it is not all a strategy of reform in the usual sense of that term. It is a strategy of revolution, in a double sense.

Shock therapy is revolution in its goal of replacing the socialist economy with a capitalist system. But it is also revolutionary in its means, in that the replacement of the old system by the new is to take place as rapidly as possible, with immediate abolition of the old system and immediate creation of the new. No elements of the old system were to be allowed to persist for a time, nor did the plan call utilizing parts of the old system to help construct the new one.

Harvard Professor Jeffrey Sachs popularized shock therapy programme. In 1990 shock therapy was applied in Poland and was widely publicized as the best way to make the transition from state socialism to capitalism. The International Monetary Fund began to promote shock therapy as the right solution for the problems of Eastern Europe. It was the Polish experiment, which had a significant impact on the economists close to Yeltsin. The Shock therapy policy for the Russia was based on the following steps (Chenoy A: 2001: 191-192):

- 1 A complete shift from socialist economy to capitalist structures.
- 2 The old Council for Mutual Economic assistance (CMEA) has been disintegrated. CMEA or Comecon region and the old trade and industrial linkages that the states of the Socialist block had established with each other over the decades.
- 3 Each state from the former Comecon bloc was to be linked directly to the West, and not to each other in the region. The precondition of this linkage was its development of capitalism. These states were thus to be gradually absorbed into the Western economy and ultimately unified Europe.
- 4 The developed countries of the west i.e. America and European countries guide and control the development of the former Soviet and East European bloc through the multilateral agencies, providing incentives for cooperative governments and constraints for uncooperative ones.
- 5 It is understood development was envisaged through trade-led growth, directed towards, Western countries.
- 6 Financial deregulation; currency convertibility; open trade and freeing prices were to be key policies in the transition.
- 7 In market economy, private ownership was to be the dominant pattern of ownership. De-nationalization of industry, privatization of state assets; corporate ownership patterns were to be immediately institutionalized.
- 8 Private farming and capitalism in agriculture was advocated. De-collectivization of agriculture and break up of the collective farms was a key agenda.



- 9 Openness to foreign investment. The free trade regime and foreign direct investment (FDI) were to be the main engines of change.
- 10 No alternate or 'third way' would be acceptable. This meant that retaining any of the old institutions or a 'mixed system' was ruled out.

### **Shock Therapy in Practice**

Suddenness was the main feature of the shock therapy. No public, political or even academic debate preceded the adoption of this model. The main idea behind this was to minimize the resistance against shock therapy and to reduce the control of labour unions and other groups over the enterprises being privatized and of course prevent ideological debate over privatization.

On 1<sup>st</sup> January 1992, President Yeltsin announced the privatization programme. In this programme prices and administrative controls were lifted and proposals were made for cutting state subsidies<sup>11</sup>. Prices rose by 25 percent the next day. This trend continued and by the end of the year, inflation was an estimated 2000 percent. Within few days the intensity of spending was held down by inflation and because of a plunge in real wages. This results in collapse of the economy in spending by consumers. Statistical data showed in the first quarter of 1992 the production of food products declined by 25 percent while the commodity turnover in comparative prices was only 37 percent of the level in the corresponding period of 1991 (Kochetov : 1994: 93). This trend continued as the reform progressed.

### **Falling health infrastructure during transition period**

Between 1980 and 1988 the population of the Russian republic increases annually by approximately 1 million. In 1989 the figure fell to 600,000 and by 1991 it was a mere 200,000. This decline in growth rate and decline in absolute population can be attributed by numbers of factors which contributes in lower birth rate and higher death rates.

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<sup>11</sup> Price controls on 90 percent of consumer goods were abolished (Memorandum on Economic Policy, ITAR-TASS, 4 March, 1992. SWB, SU/1322 C2/1, 6 March 1992.)

According to Valentina Matsko, the chief physician at St. Petersburg's Maternity Hospital No 1, economic hardships and fears dominate women's thinking on the question of having children. As she explained in the June 27, 1991 in *Pravda*:

*Society is literally filled with fear- of possible unemployment, of inflation; of the long lines in stores ..... add to that the jumps in prices, wages that buy less and less, and the threat of losing the housing one already has or the prospect of never getting out of a communal apartment ..... Naturally, the social climate has been reflected in nature. The "health coefficient" of women is falling, so not everyone wants to risk becoming a mother. The number of infertile women has increased sharply ..... at the heart of it all is this general social neurosis.*

In these situations women are generally refusing to have babies on the health ground and finding it extremely difficult to conceive. Health care for women and material care especially, ranges from poor to horrendous in Russia. According to a comprehensive survey by the ministry of Health and other government agencies, only 25.8 percent of all pregnant women were 'healthy', and another 20.8 percent 'practically healthy'. Similarly less than half of the women who give birth experience no complication during labor. But these figures actually understate the problem. The officials who cited them acknowledge that in reality a mere 25 percent of all pregnant women should be classified as 'healthy' or 'practically healthy'- which means that three quarters experience of pregnant women experience some sort of medical difficulty. This off course contributes to birth defects and infant mortality and morbidity as well as to maternal mortality.

Another statistics indicates that health care and health education for women in Russia leave much to be desired is number of abortions performed every year. In 1991 one out of every ten women in the Soviet Union aged 15 to 49 underwent an abortion. And in that year only there were 137 abortions for every ten 100 live births. Between 1985 and 1991 the number of abortions performed rose by 200,000 a year.

It's not only uninformed young girls who resort to abortion as a major method of birth control. One study found that 14 percent of women with 16 or more years of schooling had 8 to ten abortions (Powell E. David: 1993: 327).

The conditions under which abortions are performed in Russia have terrible. To quote one former patient, "abortions are carried out on two, even on six women simultaneously in the same theater..... In the theater, there are two doctors and one nurse ..... Sometimes (the doctor) gives her an injection, but it has no effect because so little Novocain is used and he does not wait for it to work anyway. As she isn't anesthetized the women suffers terrible pain. Some lose consciousness (Golubeva N V: 1988: 211).

Through these examples during transition period (immediately) explains the ruined situation of health care system in Russia.

### **Summary**

This chapter analyses the economic transition and fertility decline in Russia during the early and mid-1990s. The fertility decline after 1989 is associated with the economic hardship during the transition to a market economy. There is no negative association between labour market uncertainty or labour market crisis and fertility, in fact there is positive association between two. The lack of a negative association and the presence of a positive relation in many instances are surprising from the point of economic fertility theory.

The standard economic reasoning in this kind of context suggests that, uncertainty is associated with lower fertility. Freidman at al. (1994) argue that uncertainty may even constitute a distinct motive in favour of fertility. Friedman argued that the reduction of uncertainty in individual lives is a primary behavioral incentive, and they proposed that "the impetus for parenthood is greatest among those whose alternative pathways for reducing uncertainty are limited or blocked" (Freidman at al.: 1994: 383). According to him children are among the few "global strategies" available for individuals for reducing broad range of uncertainties. This theory predicts that individuals/couples who lives in

areas with bleak labour market prospects or who are jobless in a situation with long term unemployment have higher probability of having a child than individuals/couples who are well-established in the job market.

## **Chapter IV: Conclusion**

## Conclusion

There are multiple reasons for fertility decline which resulted into total population decline, and this is not attributable to any single cause. As our dissertation shows Russia's demographic problems has:

- Historical roots behind fertility decline

Russia's defeat in the war with Japan, followed by the revolution of 1905-7 and the agrarian reforms of Stolyp which were adopted in 1906 opened agriculture to the market economy. And it had a great impact on Russia's demography. Fertility fell by the some 10% between 1901-05 and 1911-13.

There was a steep decline in birth rates during First World War. It was more than halved: 18.5 million men were called up, 690,000 died on the battle field during 1914 to 1917. The natality level did not start to pick up again until 1920 and the birth prevented by the war never made up.

The post war period intensely demonstrated the total fertility rate and completed fertility within most other countries in comparison with Russia. Fluctuations in these trends in Russia were determined by peculiarities in the timing of fertility, a shift to younger ages in marriage and fertility, a reduction of intervals between births and a family planning model based on abortion.

In 1928, the de-kulakization' and forced collectivization began. This started up a new era in the social development of the Soviet Union and marked a complete break with the past. Within few years peasants massively turned into '*Kolkhozniks*'. Contributes in the reasons of fertility decline during 1928 to 1932 and afterwards.

- Regional variations in fertility

Over space also there are wide variations in fertility rates. Across regions also fertility is influenced by economic, social, political, cultural and environmental variables. Both,

long term history of declining rates of fertility and transition played a very discouraging role for fertility rates. In Russia, the east and south tend to have higher birth rates due to age distributional differences and cultural differences and rural regions tend to have higher birth rates than urban regions. The variation is largely between the rural and urban areas. As urban areas have much competitive life than rural areas the fertility also responds to this criterion. Along with competitive life the availability of effective contraceptives also affects fertility rates, as rural areas have less availability of contraceptives and urban areas have greater, the urban areas has lower fertility rates and rural areas has higher fertility rates.

There are differences within ethnic communities in fertility rates and in this way different cultures, religions and traditions seem to have significant role in terms of the number of children desired and thus born as well as impacting attitudes to related issues such as age of marriage, abortion and divorce, which indirectly affect the birth rate. For example, the ethnic Muslim communities have higher birth rate than Slavic or orthodox Christians.

- Patriarchal structures and double burden on women.

Women are carriers of patriarchal ideologies as well as its victims also. Patriarchy presented as a universal ideology and accepted as such. In Russia also women unknowingly are the part of such ideological practice and thinking and of course plays a role in reproducing, socializing these ideas.

Economic instability during different flux of Soviet Union and in post soviet union, the women is the sole breadwinner in the family. The double burden on working women bear combined the roles of wife, mother and house wife as well as that of worker. The majority of women are unable to make use of their right to work shorter hours because they lack financial means. There is choice between family and livelihood, and most of the women opt for second option and therefore it affects the fertility trends.

- Modernization, education and work culture and its impact on women.

The impacts of sexual revolution, the anti-war, anti-nuclear and environmental movements, and a revival of the feminist movement ideals were quite visible in Russian

society too. The norms that for a long time had guided the formation of and the life within families were also brought into question and new forms of family and reproductive behaviour emerged due to these changes. And in this way modernization, education and work culture plays important role in fertility changes in Russia.

- Collapse of Soviet Union.

After Soviet Union collapse the fertility decline caused by the socio-political and economic transition resulted in an unprecedented decrease of demographic potential and opened the way to the deep depopulation of Russia.

Thus unlike in the countries like India's where it is argued that women's education will slow down birth rate, in Russia this alone is not the issue.

Russia's human capital crisis begins with but is hardly limited to demography. The challenges are both quantitative and qualitative. The fundamental quantitative issue is that the number of Russians is declining. Although a small demographic number is not necessarily a wrong thing. Bigger population sizes such China and India has raised larger questions of blunting demographic growth. The few things that alarm everyone in the Russian context are that declining number of population not only affects quantitative aspects but it also impact the declining health care system provided by the government and leads to the rapidly declining of its working population. The larger the size of pensioners, the greater is the burden on the state exchequer. However, in the Russian context over spending on pensioners is compensated by under-spending in schools where fewer kids are entering and will enter as a result of low birth. In the Russian context it provides a worrisome demographic picture for the foreseeable future. At the crossroads of her demographic crisis, Russia has to address an entire complexity of issues relating to its depleting population growth. It has to have a proactive demographic policy; a pro-natal policy similar to the one followed in the Soviet years; a proactive economic policy that would help people allay uncertainties; and a people savvy, qualitative health care system that would ensure sustainability of public health across that vast country.



Private–public joint venture in health care is a health care option that needs to be tried. Sponsored, pro-poor healthcare system is another method of dealing with the inadequacy. In 2001 Russia occupied 100<sup>th</sup> place in the world in terms of longevity. In the matter of five years by February 2005, it was occupying 122<sup>nd</sup> place in the world almost at the same level as North Korea. The tendency needs immediate arrest which is possible through active social, economic and demographic policies.

Some steps can be taken by government to address these problems like:

Health care: Continuing improvements in contraceptive knowledge and access can help Russian women to lead more stable reproductive lives and avoid problems of maternal morbidity as well as secondary sterility arising from abortion. Increasing access to modern contraceptive methods in Russia appears to have helped reduce abortion rates. Research from other countries indicates that better family planning services, including wider mixes of contraceptives are especially important for preventing abortion where desired family size is small or declining (Rahman, DaVanzo, and Razzaque). Greater education on sexuality issues, both for Russian students and for Russian physicians, can yield benefits for all concerned by helping the sexually active population to avoid sexually transmitted diseases as well as the unstable and unhealthy pattern of reproductive behaviour in which early childbirths are followed by subsequent abortions.

Any changes in health care should take into greater account the regional differences Russia has in health care needs. As the Soviets cut health care spending they also shifted the costs of the system to the regions, but the regions face uneven health care needs. The increases in ‘civilization’ diseases that have led to mortality increases among working age populations are concentrated in the more densely populated in the western areas of the Russian federation, where health care networks may be easier to repair and maintain. The sparsely populated eastern expanses of Russia face more elementary health care challenges, as indicated by infant mortality levels above those for the rest of the nation.

Judicious spending of additional health care funds can help the Russian health care system improve in both the short and long term. Many Russians see a need for the government to do more to strengthen health care.

Other government initiatives: Not all initiatives that can be undertaken in the short term may prove successful. In the case of anti-alcohol campaign of the 1980s, appears to have helped cut Russian mortality, but its deep unpopularity led to its abandonment after just few years. In Russia, Russian officers and normal citizen have long had mixed attitudes on alcohol and its regulation, dating back to Imperial Russia. Initially the Bolsheviks saw alcohol as incompatible with a socialist society and because of this they prohibited its sale. In 1927, to raise revenue for the development of the socialist industry Stalin government permitted the state to sale of alcoholic drinks. Government officials later rationalize sales by insisting that heavy drinking and alcohol abuse were products of capital, not socialist society and that therefore alcohol abuse could not became a problem in the Soviet Union. Soviet officials continually had dual attitudes towards alcohol, on the one deploring the economic, health, and social problems it caused while, on the other hand, seeing it as a vital source of revenues for the state needs. In the early 1990s after the dissolution of the Soviet Union, the sales of alcohol in Russia were deregulated; there have been some modest, recent efforts to raise taxes on alcohol. Russia may be better resolves official attitudes towards it.

Economic stability: the deepest demographic problems might be solved only by long term economic stability and resulting improvements in the economy and public finance. Economic improvements may help improve Russian health directly and indirectly by inducing behaviour that are healthier and more productive for the economy and of course in turn yielding demographic benefits such as population stability. As a Russian family planning official noted, "A simple rise in birth rate is not enough. Russia needs more people, but it needs more intelligent, healthy people, not more beggars and alcoholics" (Uzelec: 2000b).

Until the Russian economy and society are able to provide for the people of Russia not only quantitatively but also qualitatively, the Russia is going to face demographic problems.

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