

DEMOGRAPHIC CRISIS IN RUSSIA, 1991-1999

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DECLARATION

I declare that the dissertation entitled "Demographic Crisis in Russia, 1991-1999 " submitted by me for the award of the degree of **Master of Philosophy** of Jawaharlal Nehru University is my own work. The dissertation has not been submitted for any other degree of this University or any other University.

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Dedicated to

My Parents

Krishna Mohan Khuntia

&

Kanchan Manjari Khuntia

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CONTENTS		
Chapters	Title	Page No
	Acknowledgement.....	IV
	List of Tables.....	V
	Abbreviation.....	VI
Chapter I	Introduction	1-13
1.1	<i>Theories of Demography.....</i>	4-7
1.2	<i>Review of Literature.....</i>	7-10
1.3	<i>Rationale and Scope of the Study.....</i>	11
1.4	Research questions, objectives, Hypotheses and Research Methodology	11-113
Chapter-2	<i>Role of Immigration in Resolving Demographic Crisis in Russia</i>	14-33
2.1	<i>.Internal migration in Soviet and Post-Soviet Russia.....</i>	14-18
2.1.1	<i>Economic transformation and its impact on internal migration</i>	18-22
2.2	<i>Emigration From Russia.....</i>	22-26
2.3	<i>Immigration as a factor in compensating Population Loss.....</i>	27-33
Chapter-3	<i>The Impact of Deteriorating Health Care System and Market Reforms on Russian Demography</i>	34-52
3.1	<i>Structural and Functional Deficiencies in Russian Health Care system</i>	34-36
3.2	<i>Declining Fertility Rate in Russia.....</i>	37-39
3.3	<i>Mortality Rate in Russia</i>	40-45
3.4	<i>...Economic Reforms and its Negative Impact on Russian Demography.....</i>	46-47
3.5	<i>Declining Life Expectancy in Russia.....</i>	48-52

Chapter-4	State Policies in Resolving Demographic Crisis in Russia	53-73
4.1	<i>Pro-natal policies</i>	53-59
4.2	<i>Anti-alcohol Campaign.....</i>	59-61
4.3	<i>Health Care Reforms in Russia.....</i>	61-62
4.3.1	<i>Obligatory Medical Insurance System.....</i>	63-65
4.3.2	<i>Continuing Medical Education Programme</i>	65-66
4.4	<i>Pension Schemes..... ...</i>	66-67
4.2.5	<i>Immigration Laws in Post-Soviet Russia.....</i>	67-73
Chapter-5	Conclusion.....	74-79
Bibliography	<i>.....</i>	80-84

LIST OF TABLES

Table No	Title	Page No.
2.1	Internal Migration in Russia, 1992-2007, thousands.....	16-17
2.2	Internal migration in Russia by Federal Districts	18
2.3	Western Drift in Russia, 1991-2007, thousands	20-21
2.4	Emigration from Russia to non-former-Soviet States by Ethnic Groups, 1993-2006	24-25
2.5	Net Migration of Russians from CIS and Baltic Countries, 1989- 2007).....	29-30
3.1	Age adjusted death rates for selected causes of violent mortality in Russia before and after the shock therapy (per 100,000 population).....	44-45
3.2	Life expectancy at birth in Russia and other countries	49
4.1	Officially registered Voluntary Contraceptives Sterilizations, by province in the Russian Federation, 1992- 1994.....	57-58

ABBREVIATIONS

ALHS	Average Length of Hospital Stay
BPL	Below Poverty Line
CCCP	Central Committee of Communist Party
CIS	Common Wealth of Independent States
CMEP	Continuing Medical Education Programme
CPSU	Communist Party of the Soviet-Union
EMEP	Eurasian Medical Education Programme
FMS	Federal Migration Service
IMF	International Monetary Fund
IOM	International Organisation for Migration
NEM	New Economic Mechanism
OMI	Obligatory Medical Insurance
TFR	Total Fertility Rate
UNDP	United Nations Development Programme
WAP	Working Age Population
WHO	World Health Organisation

CHAPTER-1

INTRODUCTION

The last decade of the 20th century is very significant in the history of mankind, because in this decade the world witnessed the end of the cold war, nearly a century long grand empire's demise. And the most important thing is that Russia became a democratic state in the world scene. During its initial years Russia faced a number of domestic as well as external challenges. Among these challenges which were a major cause of headache for the Russian policy makers as well as demographers was the declining demographic trend of Russia. In size Russia is the largest country in the world. But its demographic ranking in the global demographic hierarchy is steadily declining. In the middle of the 20th century Russia had the world's 4th largest population after China, India and US. But in 2000 it dropped to 6th place. While over population is a matter of concern for many countries like china, India, Russia faces the problem of depopulation. This trend of declining population is not of recent origin. It dates back to the Soviet period. However, Russia saw its worst population loss during the 1990s. In 1992 the population size of Russia was 148.4 million. By late 2000, Russia's population dropped to 145 million, a loss of more than 3 million in eight years. The region which witnessed heavy population loss is the Northern and Far Eastern region.

Demographic stability of a country is maintained by a balance between birth and death rates. Excessive rise or fall in any two of these, brings instability in the population size of the country. Unfortunately Russia is going through a demographic crisis since a long period of time. While its death rate is rising rapidly, on the contrary its birth rate is in a declining trend.

Deaths occur generally in two ways, normal and abnormal. Normal death is determined by the broad social, economic and political factors that determine the real income and living standards of people. It occurs outside the abnormal circumstances

like war, famine, repression or natural disasters. In the peace time that is under normal conditions the death rate remains lower. Massive numbers of deaths occur under abnormal situation. Russia is not an exception in this regard. The massive death rates of the 20th century under various abnormal situations are noteworthy. The first half of the 20th century is characterised by deaths by civil war, famines, First and Second World Wars, etc, which brought dramatic changes in the population size of the Soviet union. Besides the two world wars and the civil wars which caused massive casualties of the Soviet people, the repression under Stalin and forced collectivisation which accounted for millions of deaths further aggravated the demographic situation of Soviet Union. Under Stalin's party purges millions of people were murdered. The forced collectivisation under Stalin led to famine which also accounted for large number of death.

The death rate in Russia is soaring. Its social inequalities and state policies that exercise a central influence on the particular way in which factors such as death rates move.

While the major share of deaths during the twentieth century was attributable to abnormal situations like wars, famines and natural calamities, on the contrary the worst population loss of the early twentieth century, which is characterised by negative population growth, occurred under normal conditions. It's a unique case in the world a country saw negative population growth during peace time.

The major factors which led the depopulation of Russia are heavy alcohol consumption, high rate of abortion, poor healthcare system and economic crisis.

The market reforms of 1990s are also highly responsible for low fertility rate in Russia. Although a two child family remains the ideal for most Russians, due to economic difficulties many families postponed the second birth.

Russia faced its worst mortality rate in 1990s. The dramatic worsening of the epidemiological situation and the sharp drop of life expectancy are the most unequivocal signs of Russian demographic crisis. Between 1987 and 1994, the annual number of deaths in Russia increased from 1.5 million to 2.3 million.

Population ageing has contributed to increases in mortality. A larger proportion of the Russian population is now of ages where mortality is higher. And most of the working age males suffer higher rates of mortality. As most of the Russians are dying in early ages, the life expectancy is declining sharply. The life expectancy of Russians also varies from region to region. While in urban areas the life expectancy of the people is higher, on the other hand in rural and regions with unfavourable climatic conditions the life expectancy of people is comparatively lower. The people in these areas are more prone to diseases and the lack of improved health care facilities lead to many death. There is wide sex difference in life expectancy in Russia. As the mortality rate from all causes is higher among the working age male community, it naturally leads to wide sex differential in life expectancy.

The higher rate of mortality is mainly attributable to the sedentary lifestyle of the Russians. The heavy alcohol consumption and smoking is the cause of many direct and indirect cause of deaths in Russia.

The major determinants of high mortality rate are high rates of alcohol and tobacco consumption, deteriorating healthcare system, polluted environment and social and economic change .Alcohol consumption and violence are main causes of adult mortality, especially for men. The rates of mortality decreased during 1985-86 due to Gorbachev's anti-alcohol campaign. But the rate of mortality again rose due to stop of the campaign. In 1985 total annual alcohol consumption in Russia was 14.2 litres, in 1986 it dropped to 10.6, was 10.7 in 1987, and rose to 11.2 in 1988 and by 1993 it raised to 14.5 litres(Davanzo,2001).

Cardiovascular mortality which is a direct consequence of smoking is very high among 40-59 age groups. In1990, 30% of all male deaths and 42% male deaths aged 35-69 in Russia were due to smoking. Many people have assumed that deterioration medical care or in the public health system is highly responsible for high mortality rate particularly during 1990s. Increase in death was noticed due to poor sanitation and increase in infectious and parasitic diseases.

Russian fertility rate has fallen throughout the 20th century. By the end of the 20th century the total fertility rate in Russia had fallen to about 1.2 children per woman.

The main cause of low fertility rate in Russia is high abortion rate. In the mid 1990s, nearly 7 in 100 Russian women of childbearing age had an abortion each year. Some Russian women have had 10 or more abortions in their lifetime. In 1997, about 7 in 10 Russian pregnancies ended in abortion. High rates of abortion in Russia have led to myriad health problems. Abortion had led to high rates of secondary sterility in Russia. Abortion is also a principal cause of maternal mortality in Russia. More than one in four maternal deaths in early 1990 was due to abortion. The incidence of abortion in Russia by far is the highest in the world. The unavailability of effective contraceptives and the official legitimization of abortion have led to the formation of an abortion culture. The financial crisis of 1990s was also highly responsible for low fertility rate in Russia. Although a two child family remains the ideal for most Russians, due to economic difficulties many families postponed the second birth.

In order to address this problem various measures has been taken by the Russia government like health care reforms and promotion of immigration as an alternative to low population.

Although there have been some modest improvements in some demographic trends over the last few year, some demographers think matter might take another alarming turn in the not-so-distant future. The number of future mother is declining, the average Russian is aging, and the increase in disease and deaths has been greatest among the working population. As a result the labour force has shrunk more rapidly than the population as a whole, reducing Russia's economic growth prospects for years to come. Russia's eroding human resource base will challenge Moscow's ability to achieve its domestic and foreign policy priorities.

1.1 Theories of Demography

Demography is the scientific study of human population, including its size, distribution, composition, and the factors that determine changes in its size, distribution and composition. So demography focuses on five aspects of human population, that is, size, distribution, composition, population dynamics and socio-economic determinants and consequences of population change. Population size is simply the number of persons in a given area at a given time. Population distribution

refers to the way population is dispersed in geographical space at a given time. Population composition refers to numbers of persons in sex, age, etc (Siegel and Swanson,2004).

Hauser and Duncan state, demography is the study of size, territorial distribution, and composition of population, changes therein and the components of such changes.

In the literature of demography there are very few numbers of theories. The major ones are, the Demographic Transition Theory, Malthusian model, Neo-Malthusian model, convergence model etc.

Demographic Transition Theory

The decline in the last two centuries of fertility and mortality from moderately high, and often very high, to lower levels is called “demographic transition”(Caldwell and Caldwell,2006).

According to the theory the transition takes place through three phases in which every population passes towards modernity. These three phases are; Pre-transition in which there is long-standing equilibrium between high mortality and fertility. The second stage is phase of transition, where there is destabilisation in fertility and mortality. And the third stage that is post-transition phase where equilibrium is maintained by low mortality and fertility (Chesnais, 1992).

Warren Thompson specified three types of countries with different rates of population growth. The Group A consists of those countries with falling rates of increase and which were facing potential population decline. Although mortality in these countries was low, there rapidly declining fertility presages first a stationary and then a declining population. Countries coming under this category are the countries of Western Europe and overseas countries which had been settled by immigrants of European origin. Group B consists of countries in which both birth and death rates had fallen, but where death rates had declined earlier and more rapidly than birth rate. As a result their populations were growing very rapidly, until falling birth rates brings about a declining population. Included in this group are countries of Eastern and Southern Europe. Group C consists of countries where neither birth nor death rates are

in control, and this group contains the largest amount of world's population (Kirk,1996).

In general there are basically four stages of demographic transition. First is the pre-industrial society, where death rates and birth rates are high and roughly in balance. Stage two includes the developing countries, where the death rates dropped rapidly due to improvement in food supply and sanitation which increases life span and reduce disease. In this stage there occurs imbalance and countries gain large increase in population. In the third stage there is decline in birth rate as a result of urbanisation, use of contraception, a reduction in subsistence agriculture, and an increase in the status of women. During the fourth stage there are both low birth rates and low death rates. Birth rates drop below replacement level.

But this theory is criticised from different grounds. This theory is based on the experience of population growth in Western countries. Since the population growth in different countries does not follow the same pattern, no theory can be applicable everywhere. So this theory is a broad generalisation. This theory also fails to explain the baby boom after the second world war.

Malthusian Model of Population

The most important theory in the history of demography is given by Thomas Robert Malthus. The main assumption of his theory is that, food is essential for the existence of man. Secondly the passion between the sexes is necessary and will remain nearly in its present state. The core of his essay on the principles of population, published in 1798, is the idea that the capacity of human population to reproduce is unlimited and proceeds with geometric ratio, where as the capacity to produce the means of subsistence is necessarily limited and increases at best in arithmetic means. To him population will grow where food production increases. The population growth is limited by the positive checks of mortality. These positive checks include wars, famines, starvations, epidemics, plagues. In addition, he conceived of a number of preventive checks, which operated through people's voluntary acts to limit their number of children. So he suggested abstinence from marriage either for a time or permanently. Malthus was the first thinker who established that, uncontrolled increase

of population will lead to poverty and therefore birth control must be popularised (Caselli and Wunsch, 2006).

Convergence model of Demography

This model basically explains the role of population in economic growth. In the 1990s Robert J. Barro and his collaborators concluded that high fertility, population growth and mortality all exert negative impact on per capita output growth. The convergence modelling of demography evolved further in the late 1990s through a series of papers by several Harvard economists. The main focus of the research was the impact of population, that take place due to imbalanced age-structure changes over the demographic transition. They emphasised basically on two variables, that is population growth and working age growth. Further, both the labour force size and density of population can exert an impact on long-run growth. On the positive sides higher densities can decrease per unit costs and increase the efficiency in transportation, irrigation, extension services, markets and communications. On the negative side, higher density may be associated with diminishing returns to land or congestion (Kelley and Schmidt, 2005).

1.2 Review of Literature

The literature available tries to throw light on various aspects of demographic crisis in Russia like the demographic scenario of the country, causes of demographic crisis and how it poses threat to security of Russia.

In the book “A Century of State Murder” the authors brilliantly explains the illusion of the Soviet egalitarian society. The nature of the Soviet state is criticised by the author. Through the chapters the author tried to display the authoritarian nature of the Soviet state. The state instead of protecting the human lives, played the role of a murderer. The class inequality of the Soviet state has been remained the driving force behind massive death both under the Soviet and Russian state. Even though the withering of class was the basic principle of the Soviet Socialist state, in every phases of the Soviet history its presence has been noticed. Millions of murders under Stalin in the name of state industrialisation and development is the burning example of the class inequality between the bureaucrats and the common mass. The Soviet state

throughout its history had been protecting the interest of the minority, ignoring the majority, even though it proclaims itself as a workers' state or people's democracy founded on the principle of egalitarianism. In the post-Soviet Russia, also this is quite prevalent. During the transition period the state fulfilled the interests of the oligarchs ignoring the toiling masses (Haynes and Husan,2003).

In the book 'Dire Demographics', The author tries to explain the major factors which led to the demographic crisis in Russia and she also explains what can be done to address this catastrophe. She identified low fertility rate and high mortality rate as the two major factors of demographic crisis in Russia. Deteriorating health care system, heavy alcohol consumption and smoking as the main causes of high mortality rate and high rate of abortion and the financial crisis of the 1990s as the prime causes of low fertility rate. For its solution the author gives much importance to promote immigration and improvement in financial condition of Russia. This book is greatly helpful not only for Russia but for all the countries facing demographic crisis (DaVanzo, 2001).

In the book "Russia' Torn Safety Nets", a very practical aspect of the post-Soviet Russian society's socio-economic picture has been given by the author. Through comparison the authors tried to explain the comparative advantages and disadvantages of both socialism and capitalism and at the same time preferred socialism to capitalism. Under state paternalism every aspect of the people were fulfilled by the state. The state acts like a safety nets for its people. The state under socialism is an egalitarian state. Every sections of people are protected under the state umbrella. But under capitalism there is no such state protection. Under this the rich become richer and the poor become poorer, which happened in Russia under capitalism. All the state supports were taken away. As a result of this condition of the people became very miserable. (Field and Twigg,2000).

In the article 'Population Meltdown', Feshbach, focused on how the declining birth rate and soaring rates of diseases puts threats on Russia's very survival as a nation. The deteriorating environment and poor healthcare system led to many deadly diseases like HIV/AIDS, syphilis, tuberculosis, hepatitis C. So in order to clean up the environment Russia needs vast amount of money. Here the question arises from

where will the money come from? Who will help Russia? In its solution the author expects that the United States and other nations should come forward to help Russia (Feshbach, 2001).

Heavy alcohol consumption is one of the major causes of high mortality rate in Russia. According to recent study no less than one third of all deaths in the country, three quarters of all murders and almost half of all external causes of deaths can be ascribed to alcohol. This aspect is focused by author Shlapentokh in his article titled 'Russia's Demographic Decline and Public Reaction'. In this article although the author admits the greatness of Russia in many fields like education, culture, literature, music, technical knowhow and military capability still then he does not consider Russia as a normal state. To him in many respects Russia is behind the normal standard. One major aspect in this regard is Russia's demographic crisis like long and healthy life, decent standard of living etc.

Although immigration is widely accepted as a solution to demographic crisis in Russia the author gives a practical point why many Russians oppose immigration. The author explains that many immigrants who come to Russia are hostile towards the dominant culture of their new country. It's evident from the fact that two major immigrant groups, the Chinese and the Muslims, show open contempt for Russians and their customs (Shlapentokh, 2005). In the article 'Russia Faces Depopulation? Dynamics of population Decline', the author describes about the various components of population growth and how these components have changed over time. Size of a country's population is a balance between the number of births and the number of migrants into the country in excess of the number of migration out of the country. He explained that in Russia during the 1990s the rapid increase in crude death rate and decline in crude birth rate aggravated the demographic situation. The author identified adverse economic conditions of Russia was greatly responsible for this low fertility rate (Anderson, 2002). In the article titled 'In Post-Soviet Russia, Fertility is on the Decline; Marriage and Child bearing are occurring earlier' Hollander, emphasised on the negative impact of high abortion on fertility rate and the limited use of contraceptives as a vital alternative to abortion (Hollander, 1997). In the article 'The Health Crisis in Russia: Countries in the EU and G8 Must Help Russia Tackle Its

Health Crisis' gives a very practical point by describing how Russia is geo-strategically important for both the EU and the G8 Nations. The progress of the EU and G8 is very much dependent on a stable, healthy and economically strong Russia. So this demographic crisis is a headache not only for Russia, it also a cause of concern of both the EU and the G8 nations (Atun ,2005).

Russia is now very much interested to create a third Northern centre of power in addition to the United States and the EU. But why Russia is not able to achieve its goal is very practically explained by Vishnevsky in his article titled 'Multipolarity and Demography'. The author explains that the economic and demographic position of Russia pose threats on its way to achieve this goal. In order to avoid the man power shortage and to improve the economic situation Russia should go for the creation of a common labour market in the CIS. To him Russia will have to take measures in three major fields like increase birth rates, reduce death rates and attract immigrants. To him Russia should not entertain utopian hopes that success in the first two fields would eliminate the need for Russia to seek large-scale immigration (Vishnevsky, 2008).

Although immigration is the best option for the present situation, it might create problems in the long run. China might demand its control over in the resource rich but people poor Siberia region. Many people think that due to large scale immigration Russia will be left with no Russians. So while formulating their domestic and foreign policy, the Russian policy makers and demographers should take this issue into consideration.

The above books and journals touch upon various aspects of demographic crisis in Russia and provide valuable information regarding the past and current trend and dimension of it. Though a lot of research has been done on Russian Demographic crisis, the literature available on Russian Demographic Crisis seems to be inadequate and the proposed study seeks to fill that gap.

1.3 Rationale and scope of the study

In recent years, Russia is going through a very critical phase due to its heavy population loss. This rapid rate of population loss poses threat against Russia's security both internally as well as externally. Now this demographic crisis is a cause of concern not only for Russia, but also for Europe and Asia. In this regard it is a great opportunity to study the declining demographic scenario of a powerful country like Russia, upon which the very survival, stability and prosperity of Russia depends on. This study analyses the various causes of demographic crisis like low fertility rate and high mortality rate. It also describes how heavy alcohol consumption and smoking lead to a number of diseases which indirectly affects the Russian demography. This study will also explore various options for resolving this demographic crisis like promotion of large scale immigration, improving the health care system of Russia, drawing the attention of public as well as the mass media and reducing the consumption of alcohol. The study will also highlight the role of external powers like the USA and the European Union in resolving this crisis of Russia as Russia is geo-strategically important for both the powers.

Following are the main objectives of the proposed study:

1. To study the role of immigration in compensating population decline in Russia.
2. To analyse the poor healthcare system as a major factor of high mortality rate of Russia.
3. To critically assess the market reforms that led to demographic crisis in Russia.
4. To examine the government response to the demographic crisis.

1.4 Research Questions

1. What can be the role of immigration in resolving the demographic crisis?
2. How the deteriorating healthcare system contributed to demographic crisis?

3. How does demographic crisis pose threats in achieving Russia's foreign policy goals?
4. How market reforms contributed to demographic crisis?

Hypotheses

- Deterioration in the public healthcare system which causes many infectious and parasitic diseases particularly after the fall of USSR is leading to demographic crisis.
- Russia's population decline and high mortality rate among the working male community pose threats to Russian state and society.

Research Methodology

The proposed study is based on historical, analytical and descriptive method of research. The proposed study will seek to examine the various aspects as well as challenges of demographics of Russia. The study will focus on causal mechanism like why the rate of mortality is high and why the rate of fertility is low, rather than just a broad description of events. The study will make use of various primary and secondary sources. This will include various reports and surveys by different international and national institutions as well as research organisations, books, journals articles and materials available at websites.

Followed by the introduction chapter, my second chapter deals with the role of immigration in resolving demographic crisis in Russia. In this chapter the main focus is on how the massive inflow of immigrants are compensating the labour shortage, which is the direct consequence of working age male mortality in Russia.

The third chapter describes how the deteriorating health care system and the market reforms are responsible for the demographic crisis. This chapter basically deals with the structural and functional deficiencies of the Russian health care system and the higher rate of mortality due to many deadly diseases, the declining fertility rate in Russia, as well as how the market reform in the 1990s further aggravates the demographic situation of Russia.

The next chapter deals with the various state policies undertaken by the Soviet and the Russian Government to address this problem.

CHAPTER-2

ROLE OF IMMIGRATION IN RESOLVING DEMOGRAPHIC CRISIS IN RUSSIA

Throughout human history, the migration of people from densely populated regions to lesser populated ones has been remained an important mechanism to regulate global demography. Migration plays an important role in the evenly distribution of people among regions and countries. In that way Russia is not an exception. Russia the largest country in the world is going through population crisis since decades. The demographic crisis coupled with high mortality, low fertility and population aging is posing socio-economic threats to Russia. In order to offset these challenges and to save Russia from this crisis many experts and demographers suggest that promotion of large scale immigration can be the best option. Replacement migration that is international migration is now the need of the hour for most of the European countries in general and Russian Federation in particular.

2.1 Internal Migration in Soviet period

Internal migration has been remained a major factor in maintaining balanced population distribution among the regions of Russian Federation. Since the late 19th century the state encouraged migration of peasants from over-populated rural areas in European Russia to the Asian part of the country. They were provided with jobs and other financial facilities. About 10million people moved from Central European areas of Russia to Siberia, Caucasus and the Far East between 1871 and 1916. Besides ,from six to seven million peasants migrated for temporary employment every year of the end of the 19th and the beginning of the 20th century.

Propiska System

In the beginning of the Soviet period population movement was spontaneous and there was no migration registration system. There was no state control over population movement. But in 1932 a common passport system for the whole territory of USSR and a compulsory registration of the passport holder at a specific address was introduced by a Government Decree. It was applicable for citizens over sixteen years of age. A person could live, work, study, vote, send children to school and have access to the social welfare in accordance with his propiska. It restricted the movement of persons from one region to another, that means a person with propiska in one region cannot be employed in another region. Many experts call the propiska system the serfdom of the 20th century. Another major drawback of the propiska system was that it was only granted to the urban citizens. While villagers had no passport and therefore had no right to move even within the borders of administrative unit. In 1974, in accordance with a Decree issued by the Communist Party and the Government, peasants were granted the passport.

Involuntary or state-driven migration was an objective reality of the Soviet Union, particularly in the 1930s-1950s. During Stalin period the migration policy was chosen as an instrument of political suppression and struggle against the dissent. The main victims of the deportation were the Kulaks and many ethnic groups like Crimean Tatars, Ingush, Germans, Chechens, Koreans and others. They were deported from their native lands to the remote areas of Siberia, Kazakhstan and the Far East. Between 1932 and 1940 the number of so called 'special re-settlers' totalled 2.2 million; by 1953 their number increased to 2.8 million. During the Second World War, whole ethnic communities were accused of assisting the German army and were urgently moved to Asian part of the USSR. Of them, over 1 million Germans, 317,000 Chechens, 84,000 Ingush, 82,000 Kalmyks, 64,000 Karachaevs, 49,000 Meskhetian Turks were displaced. The mortality among these migrants was high due to poverty, diseases, bad housing conditions and psychological stress. According to estimates, from 15 to 30 percent of the ethnic deportees died permanently on the way or soon after their arrival to a new place of residence. The total demographic losses

of deported nationalities in the 1930s-1950s are estimated at 1million (Ivakhnyuk, 2009).

The centripetal trend of internal migration which prevailed from Tsarist times, supported by urbanisation process like development of old and creation of new cities converted into centripetal trend since second half of the 1960s. Eastern regions remained attractive for migrants but flow of migrants to regions in Central and North-West Russia also intensified, mainly to Moscow, Leningrad and their surrounding regions .Western Siberia primarily Tyumen Region with its developing oil and gas complex was the second centre of attraction for migrants. The Volga-Vyatka, central-Chernozem and Urals were the main source of migrants during 1960s-1980s.

Internal migration during 1990s

The collapse of the Soviet Union brought sharp change in both internal and external migration of the Soviet Union. The political and economic transformation followed by the breakup of the Soviet Union was also followed by changes in the structure and process of internal migration in Russia and other former Soviet Union states. Migration within republics before the breakup of the Soviet Union which was considered as internal migration was overnight converted into international migration.

Table 2.1: Internal migration in Russia,1992-2007(in thousands)

Years	Including		
	Registered arrivals	Intra-provincial movements	Inter-provincial movements
1990	4263.1	2415.4	1847.7
1991	3690.8	2071.0	1619.8
1992	3266.8	1760.6	1506.2
1993	2902.8	1511.3	1391.5
1994	3017.7	1544.9	1472.1
1995	3130.3	1653.3	1393.3
1996	2886.7	1577.0	1309.7
1997	2724.9	1484.1	1240.9
1998	2582.0	1416.8	1165.2
1999	2477.0	1366.1	1110.9
2000	2303.0	1284.6	1018.4
2001	2140.6	1204.8	935.8

2002	2017.3	1131.4	1885.9
2003	2039.0	1141.4	897.6
2004	1998.3	1146.4	851.9
2005	1911.4	1095.7	815.7
2006	1935.7	1095.7	840.0
2007	1998.0	1137.8	860.2

Source: Rosstat (1993-2008) (*Population and migration in the Russian Federation*). Annual statistical Bulletin. (Moscow: National Statistical Committee of the Russian Federation).

The above table indicates that, the number of registered internal migrants during the first half of the 1990s was quite high. Towards the later part of the 1990s, the number of registered arrivals began to fall. Further, the number of intra-provincial that means migration among provinces were larger, compared to inter provincial movement during that time.

The internal migration trend during 1990s was basically intra- provisional that means one province to another, although the rate of inter-provincial migration was also quite large. The year 1990 saw the largest number of intra-provincial migrants compared to other years of 1990s and 2000s.

Since the end of the 1980s the centre and the North-West region have remained the most attractive migrant destination but attractiveness of the South, Volga and Trans-Ural Zones bordering Kazakhstan has increased.

During 1990s the region that saw massive out migration is the Russian North. The 27 regions classified as belonging to the 'Far North' make up 70 percent of the Russian territory but contain only 8 percent of the population. The area encompasses much of Siberia, the Far East and the European North. This area contains majority of Russia's oil, gas, diamond, gold, timber, fish and other natural resources. As a result of various economic incentives by the Soviet Union, migration continued into the North, peaking in the mid-1980s. But due to political and economic reforms under perestroika era, investment in the North reduced a lot. Migration level dropped, turning negative in 1989, and then turned into mass exodus in 1992 when the reforms began. Half of the 16 regions classified as the Far North had over a quarter of their population migrate out during the transition period. Two regions in the North East, Magadan and Chukotka lost 42 and 58 percent of their population respectively. Over

all from 1989 and 1998, there was a 7.1 percent decline in the population in the Far North.

Table 2.2: Internal migration in Russia by Federal Districts, 1989-2001, thousands

Federal districts	Arrived	Departed	Net migration
Central	2357.0	1569.8	787.2
North-Western	1104.2	1248.5	-144.3
Southern	1662.0	1378.7	183.3
Privolzhsky	2035.8	1774.7	261.1
Urals	1231.8	1312.7	-80.9
Siberia	1169.7	1440.8	-271.1
Far-East	737.6	1472.9	-735.3
Russia in total	10,198.1	10,198.1	-

Source; *The 2002 All-Russian Population Census*; <http://www.perepis2002.ru/index.html?id=87>

The above table describes the internal migration in Russia among the federal districts, during the period 1989-2001. In this period the Central federal district received the largest number of internal migrants, compared to other federal districts. It has also highest net migration. Except Central, Southern and Privolzhsky federal districts, the remaining federal districts had negative net migration.

2.1.1 Economic Transformation and its Impact on Internal Migration

The economic transformation of the Russian federation from a centrally planned economy to a free market economy brought many negative changes in the internal migration of Russia. Internal migration during the Soviet period was conducted according to the demand of the state. There was rather evenly distribution of people

among the regions. There was voluntary employment-led migration. People were moved to large scale construction and industrial sites within the rigidly organised labour recruitment system. Those were mainly rural citizens recruited to construction and manufacturing sectors in urban areas and the urbanisation process was accelerated in line with the industrialisation policy.

Migration to remote underdeveloped regions with severe climatic conditions was encouraged during that period. Resettlement to remote regions of Northern and Eastern Russia were encouraged by a set of stimulating economic measure, including travelling allowance, regional wage increments, early retirement and higher pension, accommodation, annual paid vacation, free vouchers to health resort and many more.

But the transformation of planned economy into market economy brought many problems. The benefits enjoyed by the migrants during the soviet period came to an end. Special allowances and bonuses paid by the state to people who were working in the regions with extreme climatic conditions were stopped. The housing facility which was a major motivating factor for migrants was banned. Unemployment and degradation of social infrastructure made the situation worse. Migration to extreme climatic conditions was declined sharply as there was no economic motivation for moving there. There has been rapid out-migration of population from these territories like the European North, Eastern Siberia and the Far East.

Western Drift; a dominant trend of Internal migration during 1990s

Western drift is migratory movement from Eastern Russia to the Central, Volga and Southern parts of the country, as the residents of Siberia and the Russian Far East resettled West of Urals.

Table 2.3: Western drift in 1991-2007, thou. Persons.

Population growth (decline) from migration						
Year	net gain of European Russia from Asian Russia	net gain of Urals from European Russia	net gain of Urals from Asian Russia	net gain of Siberia from Urals and European Russia	net gain of Siberia from Far East	net gain of Far East from Urals

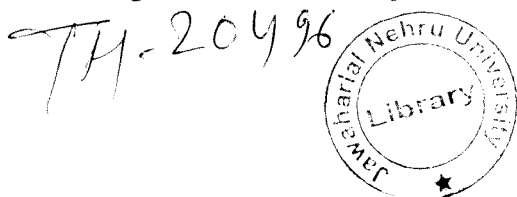
							and Siberia
1991	69.5	-23.2	1	-13.6	4.4	-38.1	
1992	90.9	-21.9	4.6	-18.5	10.9	-66	
1993	97.9	-13.7	7.3	-30.3	12.3	-73.6	
1994	137.5	-20.1	9	-36.7	18.9	-108.6	
1995	118.4	-15.7	8.1	-31.3	17.2	-96.8	
1991-1995	514.2	-94.6	30.1	-130.4	63.8	-383.1	
1996	82.1	-5.8	8.9	-30.5	11.5	-66.2	
1997	89	-4.9	9.9	-39.9	9.5	-63.6	
1998	93.7	-12.4	7.7	-36.1	10.4	-63.3	
1999	93	-20	5.6	-31.1	9.5	-57	
2000	57.4	-4.5	6.1	-26.6	4.2	-36.6	
1996-2001	415.2	-47.5	38.2	-164.2	45	-286.6	
2001	53.8	-2.7	6.1	-28.6	2.5	-31.2	
2002	57.5	-7.4	5	-29.1	1.4	-27.5	
2003	56.7	-8.6	3.9	-28	0.3	-24.3	

2004	51.9	-7.5	4.1	-27.3	0.8	-22.1
2005	54.2	-10.9	-10.9	-26.9	1.3	-22.3
2001-2005	274.1	-37.1	23.9	-139.9	6.3	-127.3
2006	57.8	-8.9	4.5	-31.4	1.6	-23.5
2007	57.3	-7.1	5.6	-34.3	2	-23.5

Source: National Human Development Report, Russian Federation, 2008

The above table indicates that, the internal migration trend of the Russian Federation from 1991-2007 was West ward. It also indicates the net gain of immigrants among the regions of Russia. From 1991-1995, the European Russia received highest number of migrants from Asian Russia. In the years 1994 and 1995, large numbers of migrants from Asian Russia came to the European part of the country. But the number of migrants to the European Russia from the Asian Russia declined in the later part of the 1990s. While the net gain of European Russia from Asian Russia, Urals from Asian Russia, Siberia from Far East has been remained positive throughout 1991-2007, the net gain of Urals from European Russia, Siberia from Urals and European Russia and Far East from Urals and Siberia has been remained negative.

It has been observed that the rate of internal migration is dependent on the availability of the working age population. When the labour is deficient, the population gains additional freedom and relocate to preferred regions with more favourable climate and living conditions. But when the supply of labour exceeds demand, people relocate to regions that still offer jobs like Siberia and Far East. The most labour deficient Russian region is Far East. Although the colonisation of Siberia and the Far East lasted four centuries, no equitable population distribution was achieved. Further it has been observed that regions farther from the country's centre, the thinner is the demographic blanket. In this regard Moscow the capital of the Russian Federation has



been remained the most attractive region throughout the 1990s as it is situated in the western part of the country. There are many reasons why Moscow is so attractive both for internal and migrants from outside Russia. The major factors are the quality of urban infrastructure, high wages, diversified labour market, good educational opportunities, etc. Migration to Moscow and St.Petersburg has been remained as an alternative to moving abroad for people with social and professional ambitions.

Above all internal migration during 1990s has achieved new form. The highly restricted propiska system was abolished in 1993. It opened the door for people to move and search for work beyond their region and administrative unit.

But the mobility of people was not that flexible as expected by many after the abolition of the propiska system. There are various factors limiting mobility. Firstly, obligatory system of registration at an address in the administrative region where a person works. The registration system is very bureaucratic and complicated which is sometimes beyond understanding level of a migrant. Secondly, limitations on access to certain social services discourages people to migrate to other regions. Many social security systems are still linked to place of permanent residence and permanent registration like health care services, social care, pension provisions and educational services. Thirdly, poor development of housing market prevents many persons to migrate. The high prices for housing in central regions preventing permanent migration to those regions and instead promoting temporary labour migration. Fourthly, underdevelopment of recruiters and employment agencies who are able to search and select personnel in other regions. The labour market lives a life of its own and there is no reliable mediator between the worker and the employer. Fifthly, racism is a key factor limiting mobility in Russia. It can be difficult for a person with non-slavic name or appearance to find employment or rent accommodation irrespective of their citizenship (UNDP,2008).

2.2 Emigration from Russia

While immigration plays a positive role in the population size of a country, emigration plays just the opposite role. The role of emigration may be helpful for

over-populated Asian countries like India and China but it is very much undesirable for a country like Russia which is physically the largest and from population point of view the sixth largest country in the world. Even though it is not possible in this globalised world to stop people from going abroad, still efforts had been made both by the Soviet Union and its successor state Russian Federation to control the flow of emigrants Russia considering the ongoing demographic crisis of the country. For most of the Soviet period, there was out-migration from Russia to the non-Russian states. The trend was reversed in 1975 and from that period until the breakup of the Soviet Union, net migration into Russia from the non-Russian former Soviet Union states averaged about 16,000 annually.

Emigration During 1990s

The breakup of the Soviet Union also brought changes in the flow of migrants from Russian Federation to other states. Emigration to near abroad such as the CIS countries as well as to far abroad is driven by many push and pull factors. The breakup of the Soviet Union itself is the major factor for the increase in the rate of emigration. The breakup of the soviet union and subsequent formation of fifteen independent states , overnight changed the internal migration into international migration . Ethnic conflict within newly formed states is also a major push factor of emigration. Many ethnic groups thought that their interests can be best fulfilled in their ethnic homeland. Economic crisis in Russia is perhaps the most important push factor of emigration during the second half of 1990s. The year 1997 to 1999 saw the peak of emigration. During that period the ratio of emigration was about 10 to 1 (Heleniak,2002).

The major pull factor of emigration during 1990 is the abolition of the propiska system. It allowed the people the right to choose their place of residence and also allowed persons the right to go abroad permanently. During the economic crisis many Russians particularly the younger generation choose to migrate to other developed countries for their better future. Elimination of administrative barrier increased the mobility of people. Although emigration to the near abroad was considerably high during the initial years of disintegration, the flow of emigration reduced during the second half of the 1990s. There are basically two reasons for this decline. Firstly, the

number of ethnic groups of the CIS and the Baltic states in Russia was nearly exhausted. Secondly, the controversial social and economic development and the political changes in the CIS countries also partly constrain the migration flow from Russia to those states. Russia has mainly a positive net migration with all CIS countries and the Baltic states, except Belarus. Only in 1990 and 1994-1996, Russia had a positive migration with Belarus. Three countries account for the bulk of persons migrating from Russia to locations beyond the former Soviet Union. Those three countries are Germany, Israel and USA. Germans constitute 57%, Israel 26% and United States 11% .Since 1992 the share of total emigrants to United States has remained rather constant, between 10 to 13 percent of the total to the far abroad. For the period 1995 to 1999, 45 percent of net migration consisted of Germans. For the period 1989 to 1995, 52percent of the net migration consisted of Germans. Germans leaving Russia went almost exclusively to Germany, with 99.7percent of those leaving in 1995-1999 period doing so. The second largest group of emigrants were Russians. Russians contribute about 36percent during the period 1995-1999. The destination choices of Russians were dispersed. About half went to Germany, 22.9percent to Israel, 13percent to United States and 11percent to other countries. Jews made up 13 percent of migrants and out of them 54 percent went to Israel, 23 percent to United States and 21 percent to Germany. As a result of emigration, the Jewish population in Russia had declined by 43percent and the German population by 49percent between 1989 and 1999(Heleniak,2001).

Table 2.4: Emigration from Russia to non-former-Soviet states by ethnic groups, 1993-2006.

Years		Russians	Germans	Jews	Others	Total
1993	'000	21.3	47.5	14	31	113
	%	18.7	41.7	12.4	27.2	100
1994	'000	24.1	47.1	13.6	20.6	105.4
	%	22.8	44.6	12.8	19.8	100
1995	'000	28.8	51.3	12.8	17.4	110.3
	%	26.1	46.5	11.6	15.8	100
1996	'000	29.2	38.6	12.5	18.3	98.6

	%	29.5	39.1	12.6	17.8	100
1997	'000	29.8	30	9.5	15.1	84.4
	%	35.3	35.5	11.4	17.8	100
1998	'000	29.3	28.3	7.3	15.4	80.3
	%	36.4	35.2	9.3	19.1	100
1999	'000	34.5	28	9	13.8	85.3
	%	40.4	32.8	10.7	16.1	100
2000	'000	25.8	22.6	4.5	9.4	62.3
	%	41.5	36.2	7.2	19.1	100
2001	'000	24	21.7	2.8	10.1	58.6
	%	40.9	37	4.8	17.3	100
2002	'000	21.7	18.3	1.5	12.2	53.7
	%	40.4	34.1	2.8	22.7	100
2003	'000	19.8	14.9	1	11.4	47.1
	%	42	31.6	2.1	24.3	100
2004	'000	19.2	12.2	0.7	9.9	42
	%	45.7	29	1.7	23.6	100
2005	'000	14.7	7.6	0.6	10.1	33
	%	44.6	23	1.8	30.6	100
2006	'000	9.2	2.4	0.3	6.2	18.1
	%	50.8	13.3	1.7	34.2	100

Source: Rosstat(1993-2007), population and migration in the Russian Federation

The above mentioned table reveals that, there were basically three ethnic groups, which constituted a lion share of emigrants from the Russian Federation during the 1990s. From the beginning of the 1990s till the later part of the same decade, the Germans constituted the largest number of emigrants, followed by Russians themselves. But since 1998 onwards the Russians surpassed the Germans and has been remained constantly higher than other ethnic groups. The number of Jews emigrants were also quite high, constituting the third largest group of emigrants. The share of other ethnic groups of emigrants were significantly low, compared to these three ethnic groups.

Marriage emigration from Russia became a separate mass flow. A huge market of intermediary marriage agencies assisting women in choosing a foreign husband formed in Russia. The share of children and teenagers was extremely high in emigration flow to the economically developed countries. During that period many children were emigrated to western countries through adoption.

The result of the migration exchange with these countries was not in favour of Russia. It has deep negative impact on Russian society, economy and demography. There are basically two

major emigration related problems which was the cause of concern for many Russian experts. These are ;

Brain Drain

Even though the rate of emigration was far less than the rate of immigration during 1990s, the impact of emigration was very dangerous for a country like Russia which was in the mid way of transition. Russia lost a large part of its human resource as many of the migrants were well educated and highly skilled elites. Most of the Jews who were emigrated were largely engineers, physicians, teachers and production and technical managers. Of those Jewish emigrants from Russia, 21percent had a college education against 13.3 percent for the country as a whole. Of those leaving for Israel, 30percent had a higher education, of those to the United States, 42percent. People who choose to migrate tend to be among the young and more educated cohorts. So the major challenge before Russia was how to prevent those migrants who could play an important role in the transition process (ibid).

Women Trafficking

Another disturbing trend which arose in Russia due to emigration was the rise in the number of women trafficked abroad and forced into prostitution. According to estimates about 50,000 Russian women annually lured into sexual slavery in Western Europe, the Middle East, the United States and Asia during 1990. The main causes of women trafficking were high female unemployment and few job opportunities, an idealised view of life in the West and lack of enforcement and legislation against

trafficking. Free transport and relaxation of bureaucratic barriers made this problem more easier.

2.3 Immigration as a major factor in compensating population loss

In terms of flow of immigrants, the Russian Federation is second only to USA in the world. In 2000, the number of international migrants was 35 million in the USA, 13 million in Russia, 7million in Germany and Ukraine, and 6million in France, India and Canada according to International Organisation for Migration(IOM). According to the Russian census 2002, 11.0 percent had immigrated to Russia since the previous census in1989 and 99.5 percent were from the former Soviet Union states, mostly repatriating ethnic Russians.

Promotion of immigration during the initial years of Russian Federation became an imperative due to the natural loss of population of the country. It was the first time in 1992 , the population growth became negative. But fortunately the flow of immigration to Russian Federation mostly from the former Soviet Union states compensated nearly half of the total natural loss of population due to high mortality and low fertility rate. Since that period Russia became a magnet of immigration.

Immigration Laws during 1990s

Soon after the independence, Russia took number of steps to join the international community and adhere to the international migration laws. In early years, the first priority of the Russian Federation to settle the massive flow of ethnic Russians returning Russia as a result of ethnic conflicts in the former Soviet Union republics. In 1992, the Council of Ministers of the Russian Federation approved the first National Long Term Migration Programme. The main goal of the programme was to provide assistance to refugees and voluntary migrants, Russians who came from the former Soviet Republics. The main component of the programme included support for resettlement, housing, employment and health care. Over the first half of the 1990s, various components of immigration legislation were created, including Presidential Decree in 1993-1994, namely, on Recruitment and Employment of Foreign Labour Force in Russian Federation. The first federal migration programme created likewise by Presidential Decree in August 1994, was the first attempt to comprehensively

address the whole variety of migration issues. A law of Citizenship was introduced in February 1992 that granted Russian citizenship to all those who resided permanently in Russia, and to all citizens of former USSR residing in the former Soviet republics, who moved to Russia and applied before 2000.

Immigration from the CIS Countries

National composition of migrants was the main basis of immigration during 1990s. Russia received largest number of immigrants compared to other former Soviet Union states. The major push factors behind immigration to Russia during that period was the ethnic violence in the newly born independent states. Most of them were forced migrants pushed either by political instability or deteriorating economic conditions. A major portion of migration to Russia during the initial years of soviet disintegration was from the former Soviet Union states. Since 1989, Russia had a positive migration balance every year with all the former Soviet Union states. Between Russia and non-Russian states, the two states with largest Russian Diaspora population-Ukraine and Kazakhstan account for the largest share of immigration between 1989 and 2000, each with a quarter of total immigration. Overall, Central Asia has been the source of about half of all migrants to Russia. The three Transcaucasian states constitute 15percent and the Baltic states constitute 4percent of immigration to Russia. In the 1989 census, a total of 25,289,543 persons living outside of Russia stated that their nationality was Russian. Since that time, there has been a net migration to Russia of 3,045,808 persons whose official passport say that they are Russians(UNDP,2008).

From four states Armenia, Tajikistan, Azerbaijan, and Georgia half or more of the Russian population has chosen migration as a strategy of adaptation .A significant number of population of these states fled to Russia, either because of political instability or deteriorating economic conditions of those countries. The bulk of this in migration consists of ethnic Russians returning to the Russian Federation. Russia gave all Russian nationals the formal right to reside in Russia. Many such immigrants received official status as forced migrants and received some assistance from the Federal Migration Service whose main function is to deal with problems associated with the forced migrants. Overall ,immigration rate peaked in 1994, which was basically concentrated on repatriation. But the flow of immigration during the second

half of the 1990s reduced a lot because of some strict immigration laws of the Russian Federation as well as improvements in the socio economic conditions of the former Soviet Union republics. Another aspect of immigration of the second half of 1990s is that the focus of immigration shifted from repatriation to economic migration that is labour migration. The shrinkage of Russian population and the subsequent decrease in the working age population created acute problems for the Russian economy (ibid).

Table 2.5: Net migration of Russians from CIS and Baltic countries, 1989-2007

Countries	Number of Russians in 1989, thou. persons	Net migration of Russians in 1989-2007, thou. persons	Loss of Russian population in 1989-2007 in % to 1989	Number of Russians as reported by national censuses
Belarus	1342	8.3	0.6	1142(1999)
Moldova	562	75.3	13.4	412*(2004)
Ukraine	11356	378.0	3.3	8334(2001)
Azerbaijan	392	198.4	50.6	142(1999)
Armenia	52	35.9	69.0	15(2001)
Georgia	341	166.2	48.7	68(2002)
Kirgizia	917	272.1	29.7	603(1999)
Tajikistan	388	239.2	61.6	68(2000)
Turkmenistan	334	108.9	32.6	299(1995)
Uzbekistan	1653	551.0	33.3	.

Kazakhstan	6228	1340.3	21.5	4480(1999)
Baltic States	1725	203.6	11.8	1274(2000, 2001)
Total	25290	3577.2	14.1	16837**

*including Trans-Dniestr, **Excluding Uzbekistan

Source; Federal Agency for Statistics of the Russian Federation; Population of Russia 2005. Thirteen Annual Demographic Report. Moscow 2007

From the above table it is evident that, the net migration of Russians from the CIS countries and the Baltic States has been remained positive throughout 1989-2007. Except from Belarus and Ukraine, there has been a significant number of ethnic Russian immigrants received by the Russian Federation from the CIS and Baltic States. Most of the ethnic Russians were coming from Armenia, Tajikistan, Azerbaijan and Georgia.

Labour immigration became inevitable for the economic development of a resource rich but people poor country. So the immigration pattern of late 1990s was basically labour immigrants. Most of the labour immigrants come from the CIS countries. Uzbekistan, Tajikistan, Ukraine, Kyrgyzstan, Moldova, Armenia and Azerbaijan contribute major portion of labour migrants to Russia. Kazakhstan constitute the largest amount of labour immigrants to Russia. Russia has been remained the centre of attraction for the Central Asian states as it has the most dynamic economy in the region and one can earn salaries five to twenty times larger than the Central Asian states(Ivanyuk,2009).

Another type of immigrants came to Russia, that is asylum seekers from countries like Afghanistan, Somalia, Ethiopia as those countries were going through civil wars and acute economic hardship. The number of transit migrants from Asian and African

countries was quite significant who wanted to go Western Europe through Russia. But sometimes they stay in Russia for months and years before progressing to intended destination. They are generally called irregular migrants.

2.3.1 Illegal Migrants in Russia

The illegal migrants constitute nearly half of the total immigrants of Russia. Their number is rising rapidly since the early 1990s. The illegal migrants are those who does not have legal residence proof and work permit. Most of the illegal migrants are from the CIS countries and China. Their presence create many socio-economic and security threats for the Russian Federation. Many factors are there for the growth of illegal migrants in Russia. First, the visa free entry among the CIS countries after 1993, opened the door for many migrants to enter in massive numbers in Russia most of them were converted to illegal migrants who did not have the residence proof. Secondly, the complicated administrative procedure for obtaining residence permit and citizenship in Russia even by the former Soviet citizens compelled many migrants to maintain the status of illegal migrants. Thirdly, the poor development of institutions to deal with migration and the lack of experience for conducting international migration during the initial years of the formation of Russian Federation is largely responsible for promoting illegal migration in Russia. Fourthly, Russia's geographical situation, which is favourable for transit from Asia to Europe is also a major factor in creating illegal migrants. The majority of immigrants from far abroad ultimately use Russia as a transit point to other countries. The most important factor responsible for the growth of illegal migrants in Russia is the shadow economy. This economy does not require legal immigration status, and provides opportunities for illegal aliens to earn without having to pay income taxes. About 40percent of illegal immigrants work in the shadow economy and 32percent in the organised private sector (Krassinets, 1998).

In Russia, most of the illegal immigrants are found in the central regions and large urban areas. The largest amount of illegal immigrants are concentrated in Moscow. Their employment is usually connected to construction, repair work and commerce in service sector, especially petty wholesale business, private transportation, home repairs, restaurant service and other jobs in the service industry. These illegal

immigrants create many socio-economic problems for the Russian Federation. In addition to working in shadow economy, a significant number of illegal immigrants are involved in criminal and anti-social activities like drug trafficking, illegal transportation of people across borders, the active support of criminal organisations and organised crimes.

Chinese presence in Siberia

As a result of the depopulation of the Siberia and the Far Eastern periphery and the opening of the Russian borders there is massive inflow of Chinese migrants to Russia. The tremendous demographic potential and the disparity in population density between Russia and China makes migration practically unavoidable. Fear arises among Russian demographers of Chinese control over the region, simply for the fact that there are five million people in the regions bordering China in the Southern Far East and 110 million Chinese in the three regions bordering Russia. The massive flow of Chinese immigration began in 1993. The greatest number of Chinese citizens reside in the Primorsky and Khabarovsk territories and in the Amurskaya region. Some favour Chinese migration into the region as the Chinese compensate a major share of labour deficiency of the region. To them Chinese immigration is necessary in order to develop the resources of the Far East. But there is also risks in this massive and uncontrolled influx of Chinese to this region. Far East is a crucially important region, being Russia's naval outlet to the Pacific and storehouse of large amount of natural resources. So this rapid flow of Chinese to the Far East will pose problems for Russian Federation in the near future. Besides that the greatest threat of illegal migration is from China. Chinese criminal organisations are also involved in economic activities. They control many transportation centres in the Russian Far East through which they ferry Japanese and American automobiles to China (ibid).

Conclusion

Russia is called the museum of nationalities. Its geographical vastness, ample natural resources, industrial and technological development has been attracting millions of people from various parts of the world in general and its near abroad in particular. CIS countries are source of immigration to Russia due to their common culture and

language. In addition to this, the most important reason behind massive inflow of immigrants into Russia is its demographic crisis. During 1990s when the country was going through negative population growth, immigration compensated half of natural population loss, as a result of the liberal immigration policies adopted under Yeltsin. But the massive inflow of illegal immigrants created additional socio-economic and security threats for Russia. So keeping this problems in mind the subsequent immigration policy has been changed from liberal to restrictive policy. But as the demographic situation of the country deteriorating day by day and the number of working age population is shrinking rapidly, promotion of immigrants particularly labour immigrants has become an imperative. So the success of immigration depends on the formulation of effective immigration laws and creation of favourable socio-economic conditions that can attract massive immigrants from across the world.

CHAPTER-3

THE IMPACT OF DETERIORATING HEALTH CARE SYSTEM AND MARKET REFORM ON RUSSIAN DEMOGRAPHY

A healthy nation is constituted of healthy population. It's the first priority of every nation, small or big, rich or poor to take care of the health of its citizens. The state should take adequate steps to eradicate the factors that lead to the spread of many deadly diseases and provide healthy socio-economic conditions for the betterment of its citizens. The health condition of a nation is reflected through its mortality, fertility rate and the rate of life expectancy of its people. Every country spends a lion share of its federal budget in its healthcare system as its the basic function of the state. But unfortunately Russia , once a super power challenging the most powerful and the current sole super power USA, has been suffering from major health crisis since decades. It has remained the graveyard of many deadly diseases like tuberculosis , HIV/AIDS, cardiovascular diseases etc. The deteriorating health care system stimulates the morbidity and mortality rates in Russia. Besides the poor health care system, another factor which is solely responsible for the dire demographic condition of Russia during the first last decade of the 1990s is the economic reform undertaken by Russia under the banner of shock therapy.

3.1 Structural and Functional Deficiencies of Russian Health Care System

There are certain structural and functional deficiencies of Russian health care system which is greatly responsible for the current demographic crisis of Russia. The major deficiencies are –the major factor behind the deteriorating health care system in Russia is the inadequate supply of funds for the health care system. Every country

spends a large share of its GDP for the health care services. But Russia's share in this regard is dramatically low (Shishkin, 1998). Due to the lack of funds health care facilities were forced to cut off new construction, reconstruction and other fundamental investments. The hospital buildings are very old, about fifteen percent were built before 1940 and they lack basic amenities. Roughly 42 percent of the country's hospitals and 30 percent of its clinics lack hot water and many hospitals and polyclinics do not have running water at all. About 18 percent of hospitals and 15 percent of clinics are not connected to a sewerage system and only 12 percent in both hospitals and polyclinics have central heating (Vladim and Snezhana). Lack of hygienic culture is also a major problem of Russian health care system. Even in the best hospitals, medical personnel do not regularly wash their hands, surgical instruments which are the most delicate things are not always properly sterilized. While in other European countries the hospital conditions are highly improved and very hygienic, in Russian context on the other hand the hospital conditions are very miserable and the rate of infection is also very high for which Russia is the epicentre of many infectious diseases like tuberculosis. Shortage of medicines in Russia aggravates the health care system coupled with the soaring rise in many diseases. Russia relies increasingly on import from former Soviet bloc nations in Central Europe and other western European countries and America for fulfilling its health care needs. Previously Russia imported medicines from former soviet bloc nations in Central Europe through barter transactions and payment in rubles. But now they demand hard currency. The non-convertibility of the ruble also has hindered Russia's ability to purchase medicines from abroad.

Lack of expertise of the health practitioners appointed in rural areas is a basic reason for the deteriorating health condition of the rural areas of Russia. Russia does not provide the incentives to attract the efficient health practitioners to migrate to the remote areas having severe climatic conditions which was provided under the soviet state paternalism. The rural health care system is very much neglected compared to the advanced regions. Most of the health care experts are concentrated in the urban areas and very much reluctant to go to the remote areas. A unique feature of Russian health care system is a worker called the 'feldsher' whose function is similar to a nurse practitioners in the United States, is often a frontline health care provider in

rural areas who provide emergency care, maternity care and preventive care. As they are not that much trend and lack proper medical knowledge their appointment is a risk for the patients with severe health conditions. So the regional variance of the supply of health care facilities fuels the deteriorating health conditions of Russia. A major difference among the various hospitals is the amount of high-tech equipments they have. Increasingly, speciality hospitals have equipments similar to that found in U.S hospitals but smaller or rural hospitals do not have that facilities. In rural areas most patients are housed in wards, rather than in private and semi-private rooms, often 8 to 12 persons per room (Farmer,2003).

Besides this, the average length of hospital stay (ALHS) is very high about 17 days, that is approximately three times larger than in Western Europe and North America. Russian citizens consult a physician an average of ten times a year, far more often than other industrialised countries. So a large amount of the income of a Russian citizen is spent in health and a very few amount is left with for other activities.

Curative measures rather than preventive measures, the basis of Russian health care system which is different from other advanced nations is a major drawback of Russian health care system. Mortality and morbidity rate is very high due to this unique system. In most advanced countries many preventive measures are taken before hand to control many diseases and subsequently reduces the death rate but in Russia the situation is opposite for which it is perhaps the most badly affected infectious and epidemic diseases country in the world.

As Russia is the epicentre of many diseases it requires a large number of physicians and nurses to look after the patients. But unfortunately the ratio of Russian physicians and nurses to population is very low. The Russian ratio of physicians to population has grown nearly 10 times since 1992, while the Russian ratio of nurses to population has declined slightly (WHO,2000).

Russian physicians earn a very low salary. Unlike the U.S physicians, who earn salaries well above the national average, Russian medical practitioners earn salaries below national average. As a result the most qualified physicians prefer to leave

Russia and to settle in those countries where the salary is well above their expectation. The number of Russian health experts is decreasing day by day.

Due to all these structural and functional deficiencies of the Russian health care system and other factors, the demographic situation of Russia has been affected since decades. The fertility rate and mortality rate had been affected, is being affected and expected to be affected in the coming years and decades.

3.2 Declining Fertility Rate

Fertility rate in Russia has been remained very low since decades. The total fertility rate declined to replacement level in the late 1960s. After that, Russia's total fertility rate fluctuated around its replacement level with some increase in the 1980s, due to the pro-natal policies of the Soviet state and again declined sharply in the 1990s due to the postponement of the pro-natal policies. By the end of the 20th century the total fertility rate of Russia had fallen to 1.2 children per woman (INED, 2000). Fifteen to twenty percent of all Russian families experience infertility, with males accounting for 40 to 60 percent of the cases.

There are some unique characteristics of Russian fertility trend. A post-war soviet emphasis on economic development through heavy industrialisation led many women to workplace and consequently leading to lower birth rates. As more and more women joined work place it became difficult on the part of the working women to take care of children.

The economic crisis of the 1990s is perhaps the most important push factor for the low fertility rate in Russia. As the average income of the Russians decreased sharply and the rate of inflation was rising rapidly, many Russian couples preferred single child instead of two or more child although producing more children was the need of the hour to offset the demographic crisis of the country. The last period of the increase in Russian fertility rate was noticed between 1980 to 1987, when the total fertility rate increased by 0.36 children per woman, briefly surpassing the level of replacement fertility. During this period, the Soviet government instituted several pro-natal policies. Paid maternity leave was extended from one year to three years. The

definition of larger families eligible for housing and medical benefits was changed from families of five children to those of two.

Within Russia, fertility rates vary considerably by regions. Regions in the east and the south, particularly in the Siberia and the Caucasus is having higher birth rates than other areas and those near St. Petersburg and Moscow having among the lowest (Davanzo, 2001). More generally rural Russian women have higher fertility levels than urban Russian women even if average fertility level for rural women has been below replacement level since 1993 (INED, 2000).

The rate of fertility also varies according to ethnicity. The areas with majority of Muslims produce more children compared to others.

Abortion in Russia

while the low fertility rate of Russia is a major cause of concern for many Russian demographers and policy makers and their constant attempt to solve this problem has been remained a major priority of the nation, on the other side the higher rate of abortion further aggravates the situation and push the nation towards demographic catastrophe. The rate of abortion in Russia is perhaps highest in the world. As there was lack of contraceptives, abortion was considered as the sole birth control mechanism in the Soviet period.

But all the abortions were not conducted by the hospitals with expert physicians and under proper hygienic conditions. Rather many abortions were held in outside hospitals and not by health experts. So in 1920, the Soviet Union legalised abortion. The basic reason behind legalisation of abortion was to reduce the rate of maternal morbidity and mortality due to abortions performed outside hospitals. Even though this legalisation of abortion brought decline in the morbidity and mortality rates, still then the lack of widespread contraceptives for birth regulation and the free availability of abortion by physicians at state hospitals, made abortion the most frequently used means of fertility control. As a result the number of abortions continued to rise, which resulted in rapid fall in birth rate. This created further problem for Russian demography. So in order to encourage more birth and reduce the number of abortions, Stalin government, in 1936 prohibited abortion. But the result was negative. Similar

health conditions appeared which was prevalent during the pre-legalisation period. In reaction to this dangerous health conditions, caused by abortions performed outside hospitals, in 1955, the supreme court repealed the prohibition and abortion once again legalised in Russia.

Russian abortion rates climbed rapidly after re-legalisation, in part because of increasing urbanisation and the desire of urban couples for nuclear families. By 1965, the total number of abortions had climbed to 5.5 million and the abortion rate had risen to 16 abortions per hundred women of child bearing age. With three in four pregnancies ended in mid-1960s (Davanzo,2001).

Early marriages and early child bearing are greatly responsible for higher abortion in Russia. In order to avoid unexpected child many Russian women go for abortion.

In Russia a large number of abortions are unregistered. Most of the abortions are performed clandestinely. At present, the authorities consider only registered induced abortions performed in a clinic by a professional doctor to be a legal one. But in practice many clandestine abortions like out of clinic abortions are being performed in Russia, which are considered as illegal abortions. All possible kinds of clandestine abortions include those performed by a woman herself that is self induced abortions; those performed by a professional doctor in a clinic, but not registered that is an unregistered induced abortion; and those performed unprofessionally, out-of-clinic and not registered, that is a criminally induced abortion (Popov, 1996).

Soviet medical practitioners were also benefited from the high rates of abortions. Soviet medicals were financed in part according to their number of occupied beds. As until late 1980s obtaining legal abortions in Russia required three day hospital stay, so more medical practitioners were more likely perform abortion than to encourage contraception.

In spite of the rise in illegal abortions, the rate of abortion has dropped sharply since 1988. Pro-natal incentives has contributed to this change. The use of contraceptives in recent years also dramatically decreased the rate of abortion in Russia.

The high rate of abortion in Russia has been remained the cause of many deadly diseases both for the mother and the child. In the 1960s and 1970s, when abortion was widely prevalent, nearly half of all maternal deaths in Russia were attributable to abortion and a significant number of deaths were due to illegal abortion. Two in three Russian women aborting their pregnancies suffer health complications. The most risk factor of abortion is that, it leads to high rates of secondary sterility. As most of the abortion are conducted clandestinely, that is out of hospitals and not in proper hygienic conditions, there occurred many infectious diseases among the mothers.

3.3 Mortality Rate in Russia

The mortality rate although was higher since the Soviet period, it reached its peak in the early 1990s. Its the year 1992 , for the first time when Russia saw its negative population growth, death rate surpassing the birth rate. There are various factors which are responsible for the higher rate of mortality in that particular time. In Russia the mortality rate had been remained high both in normal as well as abnormal times. During the abnormal times the rate of mortality is quite high and sudden. In abnormal times like wars , natural calamities the rate of mortality is considerably high. Russia lost millions of people during the civil wars, famines, and the two World Wars. Since the time of the Russian Revolution till the aftermath of the second world war, the number of abnormal deaths were dramatically high. Besides these abnormal conditions, deaths during normal period is also high in Russia. Deaths during normal times are determined mainly by the living standards of people and their socio-economic conditions (Haynes and Husan, 2003).

Major Diseases and the Subsequent Deaths in Soviet and Post-Soviet Russia

Russia had been remained the epicentre of many diseases. Even though it had achieved the economic and industrial development and established itself as a developed nation, still, unlike other European nations, it could not able to control epidemiological crisis facing the country since long back. There are various constraints in the way of controlling these diseases.

Resurgence of Tuberculosis

Among the various infectious diseases the rate of tuberculosis is highest in Russia. Tuberculosis had been remained a threat to Russian health care system since decades. The prevalence of tuberculosis dates back to the pre-Soviet revolution in 1917. During the First World War, the number of Russian deaths caused by tuberculosis was two million, exceeding the number of soldiers killed by the war. At that time there were eighteen sanatoria and one thousand beds for tuberculosis patients. The control of tuberculosis became one of the top priorities of the Soviet government, and one to which Soviet authorities devoted considerable resources. By the time Second World War, the Soviet Union had more than 100,000 beds available to tuberculosis patients and more than 3,800 specialists trained to serve them, with 18 tuberculosis research centres to see further advances against the disease. There were periodic reversals in the Soviet battle against tuberculosis, but by 1960 progress had advanced to the point that Soviet authorities predicted the eventual eradication of the disease from Russia. While rates of deaths from other causes were rising, tuberculosis death rates declined by two-thirds between the mid-1960s and the late 1980s (Davanzo, 2001).

The resurgence of tuberculosis happened during 1990s. In the 1990s worsening social and economic conditions, and subsequent decline in living conditions and an increase in the number of persons without permanent homes or jobs led to massive rise in the number of tuberculosis patients in Russia. Besides this, there is another reason why tuberculosis had made such a dramatic comeback. The first direct cause is the deterioration of TB control services. A sharp reduction in funds for TB control has led to drug shortages and a less effective system of patient diagnosis and management. Poor care management led to more deaths, more transmission and hence more new cases.

The incidence of TB among contacts of all active cases has been increasing at an average of 10.1percent per year since 1991, reaching an extremely high rate of 801 per 100,000 in 1999. There was high risk of contracting the disease by the personnel of TB services. 384 out of 70468 or 499 per 100,000 staff developed TB in 1999, about six times the rate in population at large (Shilova and Dye, 2001). The rate of tuberculosis cases and death rates rose quickly at first, reaching maximum growth

rates exceeding 18 percent in the years 1992-1993. The rate of increase slowed after 1993. The case fatality rate among new cases reached a maximum of 4.0 percent in 1994-1995, but increased again in 1999 after three to four years of decline.

Russia reported over 120,000 new cases of tuberculosis and nearly 30,000 deaths in 1999, at the end of a decade of explosive growth in TB. The resurgence of TB has been seen throughout Eastern Europe, but the increase reported by Russia has been much steeper than average (WHO,2000).

Most of the TB cases are concentrated among prisoners, homeless, armed forces and immigrants. The percentage of tuberculosis in prisons is remarkably high. In 1999, the Ministry of Justice reported incidence rates of TB in prisons is 40 times higher than in general population .Treatment outcomes were also worse in prisons. Of patients with long cavities registered in 1998, only 45.5percent had closed cavities by the end of 1999. In 1999, 33822 patients with active tuberculosis were released from prisons. Only 19586 of those were registered by the Ministry of Health TB services. Thus 42 percent of released patients, with potential sources of infection, apparently received no further treatment.

Cardiovascular Disease

A large number of Russians die each year due to cardiovascular disease. For both sexes cardiovascular disease is the leading cause of death compared to other causes. For males this cause accounts more than fifty percent of the total standardised mortality rate. For females the proportion is even larger , because of the lesser importance of the other causes.

There are basically two factors which are greatly responsible for the sky rocketing growth of cardiovascular diseases in Russia. These are high alcohol consumption and higher rate of smoking. Smoking is a habit among seventy percent of Russian males and two-thirds of Russian females. The World Health Organisation has estimated that some 14 percent of all deaths in 1990 in the Soviet Union and Eastern Europe is traceable to smoking related illness. Besides these two factors another important factor which is highly responsible for cardiovascular disease is stress factor.

The rate of cardiovascular disease varies from time to time in Russia. Mortality from this cause grew between 1970 and 1984, for males 10.0 to 11.8 per 100 and for females 6.9 to 8.0 (INED 1996). Reduction in cardiovascular disease observed during 1985-1986, due to the anti-alcohol campaign. But, its rate once again skyrocketed after the termination of the anti-alcohol campaign.

HIV/AIDS

HIV/AIDS another type of infectious disease is very acute now-a-day in Russia. The number of HIV/AIDS patients are very high in prison. Most of the HIV/AIDS is concentrated in Moscow and St. Petersburg and the Irkutsk regions. The age group most affected by HIV/AIDS constitute 2 to 30 years of age. The main cause behind the rapid spread of HIV/AIDS is the use of intravenous drugs among the Russians. Unsafe sexual contact is another major reason behind its spread. Between 1987 and 1995, about half of the HIV cases registered with health officials were attributable to sexual contact. In 1996, however more than three in five HIV cases were attributable to intravenous drugs use. The lack of improved medicines and lack of funds for AIDS drugs or equipment is the main obstacle on the way of combating HIV/AIDS in Russia.

Cancer

Cancer is becoming more common in Russia. Day by day the number of cancer patients is increasing rapidly. New cases increased from 191.8 per 100,000 population in 199 to 200.7 in 1998. The incidence is likely to rise as a consequence of long term exposure to low doses of radiation from decades of nuclear testing. The rate of cancer mortality for both sexes is very high in Russia, this group contributes much more to Russia mortality rate than any other cause. Mortality due to cancer represents 15 percent of the total Russian standardised mortality rate. For males, with 16 percent to 18 percent of the total. The rate of cancer mortality remained very stable from 1970 to 1980. But after that period, there has been a steady growth for both sexes. (INED, 1996).

Syphilis

The rate of Congenital syphilis is very high in Russia. Its a major cause of maternal and infant mortality. The rate of congenital syphilis is so high in Russia, because most of the infected pregnant women are treated inadequately or too late in their pregnancy. Many of the infants of women with untreated or inadequately treated syphilis die shortly after birth or in uterus. Most of the infected pregnant women deliver infants with presumptive or confirmed congenital syphilis. This proportion is significantly high among women without proper parental care. Further the number of congenital syphilis is significantly higher among babies of women with late latent syphilis. The congenital syphilis are preventable. But due to lack of proper diagnosis and appropriate treatment, many infant and maternal mortality are occurring in Russia (Remez, 2003).

Violent Causes of Death in Post-Soviet Russia

Like other causes, the mortality rate in Russia due to violent causes is very high. Russia witnessed its highest number of deaths in 1990s due to violent causes like accidents, homicides, suicides and alcohol poisoning. Mortality due to violent causes is very high among Russian males compared to Russian females. The ban on the anti-alcohol campaign, and the economic crisis are the main reasons behind the rapid increase in the number of violent deaths in the initial years of the Russian Federation.

Table 3.1: Age adjusted death rates for selected causes of violent mortality in Russia before and after the ' shock therapy' (per 100,000 population)

Cause of death	1991		1994	
	Male	Female	Male	Female
Suicide	47.1	11.2	76.9	13.6
Alcohol poisoning by alcohol	19.4	4.2	61.2	15.8
Injury undetermined whether accidentally or purposely inflicted	22.8	5.7	60.3	14.3

Homicide	25.1	6.9	52.8	13.6
All other accidental causes	24.6	6.0	45.0	11.6
Motor vehicle traffic accidents involving collision with pedestrian	26.5	8.4	23.2	7.6
Accidental drowning and submersion	16.3	2.5	21.9	3.4
Other accidental poisoning	14.0	4.4	21.0	6.3
Motor vehicle accidents involving occupants of the vehicle	17.3	3.1	15.6	3.4
Accidents caused by mechanical suffocation	4.6	1.2	11.4	2.4
Accidental falls	7.8	3.6	11.1	3.9
Accidents caused by fire and flames	5.3	2.4	9.8	3.9
Other transport accidents	8.4	2.1	8.4	1.9

Source; Natalia S. Gavrilova et al, 'The Response of Violent Mortality to Economic Crisis in Russia'

The mortality variation between 1991 and 1994 between men and women was profoundly wide. The factors in which significant variations were noticed in mortality rate between 1991 and 1994 in both sexes were suicides, alcohol poisoning, injuries and homicides. Mortality due to suicide was highest both in 1991 as well as 1994. Even though the rate of mortality due to suicide in the year 1991 was quite high compared to other causes of violent deaths, the year 1994 saw dramatic increase in Russian male mortality rate. During the period 1991-1994, the mortality rate of Russian males was constantly higher than female mortality rate from all causes.

Significant variance in male life expectancy was noticed due to alcohol poisoning during the period 1991 and 1994. Male mortality rates in 1994 due to alcohol poisoning was more than three times compared to the year 1991.

3.4 Economic Reforms and its Negative Impact on Russian Demography

With the dissolution of the Soviet Union and the political reforms, the Russian Federation went for drastic economic reforms. Being persuaded by the western countries in general and IMF in particular Russia went for major economic reforms under the banner of shock therapy. Although the name itself reflects the reforms and improvement of the economy, the result was just the opposite. It gave more shock than therapy to the Russian economy. It brought unprecedented socio-economic misery for millions of Russians. Overnight it converted an economic super power to an international beggar.

Market reforms tore the safety net provided under the Soviet planned economy. Under Soviet planned economy every basic need of the Soviet citizens was fulfilled by the state. Everything starting from food to other commodities were subsidised under the paternalistic Soviet society. But the economic reforms devastated everything. Abolition of price control in a highly monopolised economy resulted in soaring consumer prices. Poverty reached its peak as a result of rapid decrease in real wages. The standard of living of Russians fell beyond expectations. The termination of housing facilities left many Russians homeless and subsequently the rise in many deadly diseases like tuberculosis.

The most affected sections of the society were the regions with unfavourable climatic conditions. During the Soviet period, the state used to provide many incentives to attract more and more people to such areas like Siberia and the Far East, providing basic health care and employment facilities. But the economic reforms gave more hardship to the people of these regions by terminating the supply of basic incentives.

The developed regions of Russia like Moscow and St. Petersburg were also not exempted from the negative impact of the economic reforms. Soaring inflation made many people's life hell as the cost of living in those cities is very high.

The ban of subsidies of food hit many people below poverty line. Once a powerful economic giant and a major source of economic aid for many third world countries, Russia turned into a recipient of foreign aid, not even able to provide two square meals to its people. Malnutrition led to many health problems, both for the mothers and the children.

M. Bolgarev, the director of the institute of food attached to the Russian Academy of Sciences revealed, Russia was losing 'human material' every day. As more and more family dining tables feature just bread and potatoes, he pointed out that, children were born pre-maturely and with weak immunological resistance as well as cerebral activities. Since 1989, national per capita consumption levels of meat had shrank from 75 to 85 kilograms, of milk and milk products from 397 to 298, of vegetables from 91 to 77 and of fruits from 41 to 37 K.G. (Banerji, 1997)

Economic reforms made many Russians unemployed. By the end of 1993, one in every ten Russians among the economically active population was either unemployed, actively searching for work or working temporary hours.

The fertility level of Russian women also fell dramatically during 1990s, as a result of negative impact of the Russian economic reforms. Whereas the Russian fertility rate in the early 1990s was comparable to that of France and the United States, towards the late 1990s, its fertility rate was among the lowest in the world. The economic hardship, high inflation, soaring unemployment compelled many parents to go for single child.

Crime rate also skyrocketed in 1990s. The inability to fulfil the basic needs due to rampant poverty eased the way for corruption. This high rate of crime and corruption paralysed the growth and development of Russian society. Now corruption has been deep rooted to every aspect of Russian life.

Another aspect of economic crisis is that, the lack of employment, rise of inflation and gloomy future led many young talented Russians migrate to other Western European countries. The country faced unprecedented socio-economic loss as a result of brain drain.

High mortality rate during 1990s due to external causes like accidents, homicides, suicides is greatly responsible for the economic crisis. Psychological stress due to economic hardship accelerated the number of cardiovascular diseases.

3.5 Declining Life Expectancy

Life expectancy in Russia is very low compared to other European countries. At the beginning of the 20th century, life expectancy for the Russian population was extremely low, that is 30 years for males and about 32 years for females in 1896-1897. Russia's life expectancy saw further decline during the early decades of the 20th century. In the 1920s, after a period of great social shocks in 1917-1922 important improvements were achieved in Russia. During that period, life expectancy increased by 10 years in men and 13 years in women. But the progress was hampered during 1930s due to famine and political prosecutions of Stalin's era. During the Second World War period the life expectancy was also very low. Just after the Second World War Russia achieved spectacular growth in life expectancy. Between 1938-1939 and 1958-1959 in Russia, life expectancy increased by over 20 years for both sexes. For men life expectancy increased from 40 to 62 and for women 47 to 70 years (Shkolnikov and Mesle, 1996).

In the 1960s excess mortality rate due to civilised ills, the progress in life expectancy nearly stopped. Since that period life expectancy in Russia is in decline trend except during the second half of the 1980s. In the 1980s life expectancy of Russians saw unprecedented fall.

Table 3.2: Life expectancy at birth in Russia and other countries.

Country	Year	Life expectancy at births	
		Males	Females
Russia	1991	63.5	74.3
	1992	62.0	73.8
	1993	58.9	71.9

	1994	57.6	71.2
	1995	58.3	71.7
	1996	59.8	72.5
	1997	60.8	72.9
India	1994-1997	62.4	63.4
China	1994-1997	69.0	73.0
Tunisia	1994-1997	69.5	73.3
USA	1997	73.6	79.4

Source: Russian official statistics(Goskomstat); World Health Organisation; National Centre of Health Statistics

In the above table a comparative analysis of the life expectancy of the Russian Federation and other four countries in the 1990s has been made. In the early years of the 1990s the life expectancy of both sexes was comparatively higher to the mid-1990s. In the year 1993 the life expectancy of Russian males reduced by four years compared to the previous year. From 1995 onwards it began to improve slowly till 1997. During this period there was not substantial variance in Russian female life expectancy. But Russian female life expectancy was quite higher than the female life expectancy of India. Rapid fall in male life expectancy was noticed during that time as the rate of mortality was quite higher among working age male community.

There is also regional variation in life expectancy in Russia. Life expectancy is generally lower in Siberia, the Far East and the North regions and comparatively higher in the Caucasus, Volga and Black Soil regions. Due to the unfavourable climatic conditions and poor health conditions the sparsely populated Siberia and the Far East have higher levels of infant mortality, while several oblasts in North and North West regions have high levels of working age mortality due to cardiovascular diseases. During the Soviet period the life expectancy of Russians in rural areas with lower living standards was lower than that of urban areas. There was wide gap in life expectancy between the people of urban and rural Russians. But this gap began to fall

since the early 1990s, particularly after 1994. Because since the economic crisis of the 1990s, there has been a sharp increase in labour turnover, higher levels of unemployment, an increase in stress, mushroom growth in corruption and greater levels of instability in comparison with rural areas.

There is also wide sex differential in life expectancy. Russian male excess mortality is probably the highest in the world. The high differential in life expectancy between male and female had been remained throughout the Soviet period as well as after the dissolution of the Soviet Union. In the Russian Federation the difference from 1958 to 1992, the difference in life expectancy between males and females grew from 7.3 to 11.8 years and it reached 13 years in 1993 (Shkolnikov et al, 1996) . In the early 1970s, the largest sex difference was for violent deaths at age 30. The male death rate at ages 30-34 was eight times that of women. The rapid spread of infectious diseases during that period is also responsible for such high sex differential in life expectancy. With the exception of cancer, the death rates from all other group of causes, particularly among adults, were higher for men. More than 60 percent of the overall difference between male and female life expectancy is due to two causes of death groups. They are injury, poisoning and violence and cardiovascular diseases. Mortality from violent causes started to increase rapidly in 1992 and reached its maximum in 1994.

From the period 1984-1987, the period of the anti-alcohol campaign, the male life expectancy increased by more than three years. From 1987-1994, the period following the abandonment of the campaign, male life expectancy decreased by nearly three years.

From 1992-1994 the period following the dissolution of the Soviet Union and the Shock Therapy, male life expectancy fell by four and a half years. During 1994 to 1996, male life expectancy increased by over two years (Davanzo, 2001).

Following the financial crisis of the 1998, the life expectancy further declined dramatically in Russia.

There are many major factors behind low life expectancy in Russia. Environmental factor is one of them. Environmental pollution caused by heavy industrialisation and

nuclear tests led to many diseases leading to untimely deaths of many Russians. Many air-borne and water-borne diseases are rapidly increasing in Russia. Some Russian researchers estimates that half of the population uses drinking water falling below microbiologic and chemical standards for public health. Chemical pollution is wide spread in Russia. In Moscow the hub of heavy industries, there is evidence that pollution has caused genetic deformities in the young. In a study of the impact of the chemical, petrochemical and machine-building industries on human health, Russian Ministry of Health found that newborns suffered congenital anomalies in a much higher rate that is 108 to 152 per 10,000 births in industrial cities than in rural localities that is 39 to 54 per 10,000 (Feshbach,2001). Radioactivity remains a major concern. As the 1963 Nuclear Test Ban Treaty banned open-air atomic nuclear testing, most of the nuclear explosions are conducted in densely populated areas like Volga as well as the Urals and Yakutiya regions. The nuclear power plant accidents which spread dangerous chemicals like phenols, hydrocarbons create health hazards for large numbers of Russians each year. The Chernobyl nuclear accident is the burning example in this context.

Excessive alcohol consumption is a major cause of mortality and morbidity in Russia which subsequently leads to lower life expectancy. The current rapid increase in working age male mortality is the direct result of heavy alcohol consumption. The fluctuations in the life expectancy is very much influenced by the level of alcohol consumption. This has been evidenced from time to time in Russia. Russian life expectancy reached its highest level in the mid-1980s as per capita alcohol consumption dropped sharply due to anti-alcohol campaign. But as soon as the campaign banned the life expectancy once again began to fall rapidly as the death rate skyrocketed due to cardiovascular diseases, accidents, alcohol poisoning, homicides, suicides etc, which are directly or remotely related to heavy alcohol consumption.

Socio-economic changes particularly during 1990s severely affected the life expectancy of the Russian Federation. As it happens with every nation, that during the transition period a nation faces paramount problems, Russia is not an exception. Much of the variation in alcohol consumption and the corresponding variation in mortality is attributable to social and economic changes in Russia.

Conclusion

Since decades it has been noticed that, Russian demographic situation getting deteriorated. The increasing rate of mortality due to many diseases like tuberculosis, cardiovascular diseases, HIV/AIDS, cancer, etc., indicates the failure of the government's to tackle the health related problems of its citizens. While many small and economically not so developed countries are able to control the epidemics and improving the health care system, unfortunately a major power like Russia is still lag behind many small countries in this regard. The Russian Government has not taken the right steps to tackle all these problems.

The result of the economic reform on Russian demography further aggravated the situation. Although the coming of Putin to power managed to solve many major problems, the poor economic condition is still greatly responsible for the current demographic crisis of the country.

However Russia is now out of those critical days of the 1990s. Now its condition is far better than those initial years. The Putin Government is now more concerned about the demographic scenario of the country. But the measures which are being taken by the government are not that much effective and also those are not implemented properly. The efforts of the government to tackle these problems, most of the time cannot produce effective results due to the poor administration and deep rooted corruption. So it is peak time for the Russian Government to save the country from this demographic catastrophe by taking effective socio-economic measures.

CHAPTER-4

STATE POLICIES IN RESOLVING DEMOGRAPHIC CRISIS IN RUSSIA

The demographic scenario of current Russia is alarming. Even though the country is now in a far better position and has crossed those nightmare days of the transition period and is able to solve the major problems, the demographic crisis still posing threats for the Russian Federation in spite of the deliberate attempt made by the Russian Government. As the problem dates back to the Soviet Union many attempts had also been taken by the Soviet Government to solve this problem. Since decades Russia has been going through demographic shortage, due to various reasons. For a stable nation, its very essential to maintain demographic stability, which is lacking in present Russia. Since Soviet period a number of measures had been taken and still being taken by the Russian government to address the draconian demographic crisis. The major reforms are discussed below.

4.1 Pro-natal Policies

The foundations of the new pro-natal policy dates back to the 1960s. In that period it is observed that in the European part of Russia the fertility rate had fallen below replacement level, which was very dangerous for the demographic stability of the nation. Various recommendations for altering the situation and increasing the fertility rate were widely discussed throughout the 1970s in the scientific literature, in the press and at a multitude of professional conferences. Then finally the political leadership took initiative to tackle this problem. The 24th Congress of the Communist Party of the Soviet Union (1971) declared that

an unsatisfactory demographic situation had developed in the country, and the 25th CPSU Congress (1976) set the task of working out “an effective demographic policy”. The 26th CPSU Congress (1981) indicated the concrete future of political intervention and financial and material assistance to young married couples and families with children; improving housing conditions; increasing the accessibility and quality of pre-school establishments; widening the possibilities for part-time employment; and work at home for women and the introduction of partly paid leave to look after small children (Zakharov, July 2008).

The most significant and effective pro-natal policy was introduced in 1981. The family policy measures were introduced through various stages. From November 1981 in Siberia and the Far East and also in the territory of the European North, and then in November 1982, in the remaining areas of Russia.

The main motive of the policy was to provide various socio-economic and health care facilities to the parents to increase the fertility rate of Soviet Union and to bring demographic stability in the country.

The main provisions of the policy were;

Maternity leave on full pay was extended from 77 to 112 days. Several options were introduced for child care leave;

- (a) 18 months of leave on full pay to take care of a sick child,
- (b) leave with about 20% of the average wage from the end of maternity leave to the child reached 18 months.
- (c) unpaid leave to look after children from 18 months to 3 years.

Moreover, a parent looking after a child was guaranteed the right to part time employment to work at home. Women with children under 14 in all enterprises and establishments were to have the choice of working a full or less than full working day, including a flexible hourly or weekly work schedule. Many measures which were started earlier continued to be operative like, a benefit for

poor families, a one-time childbirth benefit graded by birth order, a special task introduced during the Second World War (1941) for childless unmarried men and unmarried women (Davanzo,2001).

The greatest benefit provided under this pro-natal policy was a series of subsidies for a special category that is mother of many children. The advantages enjoyed by a mother of many children were like reducing the time needed to obtain housing, easing access to consumer durable goods in short supply, cutting queuing time in shops and so on. Moreover, mothers who raised at least five children were supposed to have a reduction on pension age.

The government's population policies during the 1980s accelerated a transition to the two-child family model in Russia. on the one hand, it brought a further reduction in the intervals between births. .

These pro -natal policies also reduced the rate of abortion in Russia which was a major threat to Russian fertility pattern. As the state provided a wide array of socio-economic incentives for the fertility increase, many parents were motivated to produce more child during that period. There appeared reduction in the rate of abortion. Fertility rate increased dramatically during that period. The rate of fertility increased in both rural as well as in the urban areas.

But the end of the pro-natal policies and the economic downturn of the 1990s have affected the fertility pattern of the 1980s. There appeared the postponement of second and third birth in Russia since the early 1990s. The fertility rate declined sharply in the early 1990s partly due to the postponement of the pro-natal policies and partly because of the economic crisis of the Russian Federation.

Family and population policies in the 1990s

The political and economic reforms which occurred during the early 1990s, brought changes in the marital and reproductive behavior of the Russian population. Up to the beginning of the 1990s the tendency to form a family at

younger ages prevailed in Russia. Most of the marriages and child births were occurred at very early ages. The lack of effective contraception to regulate birth control also led to the growth of premarital conceptions, which in turn gave rise to early marriages and lowered the mean age of motherhood. In most cases the unplanned pregnancies end with induced abortions, creating several health conditions of the mother as well as the subsequent child.

But the political-economic reforms during 1990s changed this trend and brought revolutionary reforms in the family planning policy. In Russia marriages as well as child birth occurred at later ages. Gap between births observed throughout Russia.

The most important achievement of family planning observed in the form of use of contraceptive as a method of birth control. Voluntary surgical contraceptive sterilization was legalized in the USSR in the early 1990s. This voluntary surgical sterilization replaced the illegal abortion in Russia.

In 1990 the order no. 484, of the ministry of health was published for the permission for surgical sterilization of women. Until 1990, a woman theoretically had the opportunity of obtaining medical sterilization at the local hospital to her place of residence, but only after a complex series of medical investigations. But on the basis of order No. 484, women were allowed to have sterilization performed at a facility outside her region of permanent residence. Order No. 484. included official permission for surgical contraceptive sterilization on demand for some limited cases only. Those special cases include women having:

- Three or more children;
- over thirty years of age, and with at least two children;
- had repeated cesarean sections and with children;
- sustained injury of the uterus;

- particular cancers and blood diseases;
- any mental disorder(Popov,2010).

One constraint in providing medical sterilization was that the required laparoscopic equipment and instruments were imported and available only in large hospitals and medical scientific research institutes. Smaller hospitals did not have access to this technology.

A new government order, No. 303, concerning voluntary surgical sterilization was published in 1993, replacing order No. 484. The primary goals of this order were officially declared as the protection of public health; realization of rights to specialized medical treatment; reducing the number of abortions and post-abortion mortality. Additionally, order no. 303 included:

- Instructions concerning the rules of permitting the provision of medical sterilization;
- A list of medical indications for providing medical sterilization;
- Instructions concerning medical sterilization of women;
- Instructions concerning medical technology sterilization of men(ibid)

Table 4.1: Officially Registered Voluntary Contraceptives Sterilizations, by Province in the Russian Federation, 1991-1992.

Region	Number of Sterilizations		As percentage of Women of Fertile Age	
	1991	1992	1991	1992
Northern	468	840	0.32	0.57
Northwest	149	205	0.07	0.10

St. Petersburg city	60	57	0.05	0.04
Central	1272	1834	0.16	0.24
Moscow city	483	488	0.21	0.21
Volga-Vyatsk	724	458	0.34	0.21
Central Chernozem	103	441	0.5	0.22
Volga	720	1164	0.17	0.28
North Caucasus	932	716	0.22	0.17
Urals	1393	1874	0.27	0.37
West Siberia	701	1040	0.19	0.28
East Siberia	402	643	0.18	0.29
Far East	289	417	0.15	0.22
Baltic	102	28	0.47	0.13
Russia	7255	9660	0.20	0.26

Source: Official data of the Ministry of Health of Russia

From the above table it is evident that the number of voluntary contraceptive sterilization was higher in the larger cities of Russia. As the people in those cities are more educated and advanced and the medical facilities in those areas are also more improved, the rate of voluntary contractive sterilizations in those areas were also high. The largest number of voluntary contractive sterilization between 1991-1992 was occurred in the Russian Region.

Putin's Policy in increasing Birth Rate

In president Putin's budget address to the federal assembly in May 2006 a demographic theme occupied the central place the main focus was on stimulating birth rate which began in 2007.

Maximum amount of money provided for pregnancy and child birth care. The size of the maternity leave has been also increased. In general, maternity leave is paid for 70 days at 100% of women's monthly salary.

The most significant measure of Putin's policy was the introduction of the so called 'maternal capital'. According to this provision 250,000 roubles be paid to a special account for mothers who gave birth or adopted a second child starting in January 2007. The measure also includes mothers who have not previously made use of this benefit or who have a third or subsequent child. The money should be spend for the purposes like private education for a child of any parity, obtaining housing in the Russian federation on the formation of the investment part of the pension(Zakharov,2008).

4.2 Anti-Alcohol campaign

In the soviet centrally planned economy, the state had a complete monopoly on the legal production, pricing, foreign trade, and distribution of alcohol. A large fraction of soviet government's revenue was coming from alcohol sales.

Heavy alcohol consumption had been remained a major cause of Russian mortality although it is not a direct cause of mortality. Alcohol consumption is a major social problem. The age at which people started drinking was falling rapidly an increasing number of women and teenagers were becoming serious drinkers. The maximum quantity of alcohol is being consumed by the working age population. So the recent trend of excessive working age male mortality is the result of high rate of alcohol consumption.

There are other measures focused on reducing the demand for alcohol. One was heavy subsidization of substitute activities; all soviet oblasts were required to build and modernize leisure activities and to promote cultural activities. Another was media propaganda and health education programs together with bans on glamorous media depictions drinking (Bhattacharya et.al. March 2011).

Prior to 1985, there had been some half hearted attempts on the part of the soviets government to address the issue of alcohol abuse. Two anti-alcohol resolutions of the Central Committee of the Communist Party (CCCP) had been released in 1958 and in 1972 under Brezhnev, and after 1982 some action was initiated by Andropov and Chernenko under general heading of redressing “anti-social behavior”. None of these measures had met with much success. The anti-alcohol campaigns prior to 1985 had attempted to address the alcohol issue through public health education approaches encouraging moderate drinking the substitution of wine or beer for vodka, and increasing intolerance towards drunk driving and drunkenness in the workplace. When Gorbachev succeeded Chernenko in 1985, however, these measures were rejected as half hearted, and replaced instead by an all-out war against alcohol.

The anti-alcohol campaign was announced in April 1985 and was initiated in earnest in May-June 1985. It included a wide array of punitive measures: alcohol was banned at all official functions and in public places; party officials and managers who drank heavily were dismissed, alcohol prices were steeply raised, the minimum age of drinking was increased from 18 to 21; the penalties for public drunkenness, drinking in workplace, drunk driving and the production and sale of home-made samogon were raised and more strictly enforced. Most importantly the state production and the sale of alcohol was massively reduced, even though Soviet Union faced heavy revenue loss due to this campaign. By 1987, the number of stores selling wine and vodka in Russia was five times lower than in 1984 (Nemtsov and Shkolnikov,1997).

The measures had very strong and immediate effects. The queues at official alcohol outlets became as long as 3000 people each day. Heavy alcohol consumption had been remained a major cause of accidental deaths in Soviet Union. But as a result of the anti-alcohol campaign, the number of road accidents and the number of accidental deaths reduced dramatically. Work absenteeism which was occurring regularly due to alcohol related causes also decreased (Balancohen,2008).

A sharp mortality rise is seen immediately after the ban of anti-alcohol campaign. Wide gap between male and female mortality rate was noticed during that period. The early years of the 1990s saw the maximum number of violent deaths due to the postponement of the campaign. The mortality rate skyrocketed as a result of cardiovascular diseases, alcohol poisoning, road accidents, homicides, suicides, etc. After the withdrawal of the anti –alcohol campaign, besides the rise in morbidity and mortality rate, another important problem which appeared in the Russian society was the storm in the family life. Family breaks, divorces, and domestic violence characterized the post anti-alcohol campaign period of the Russian society(Haynes and Husan,2003).

During the campaign period, 1984-1987, life expectancy of both males and females increased. For males the increase was 3.2 years and for females 1.3 years. The impact was most pronounced in the reduction of mortality due to injuries, poisoning and some cardiovascular disease among adult males.

4.3 Health care reforms in Russia

In the Soviet Union the absence of incentives for intensive development, lack of efficiency and productivity in healthcare system in the 1980s promoted many reformers in a handful of regions to search for a new structural model. As a result, an experimental approach to health care financing was implemented from 1988 to 1991, in the city of Leningrad, the Kemerovo and the Kuibyshev oblasts under the banner of New Economic Mechanism(NEM).

In order to encourage efficient and higher quality medical care, the NEM fundamentally changed the way health care was funded in these three regions. Most money was channeled from the state budget directly to polyclinics on the basis of payment per registered clients, regardless of the frequency or the intensity of each client's use of facility, regionally adjusted for the age and gender structure of the population, morbidity and mortality rates, working and living conditions of the people served and the quality of the region's medical facilities. In this system the clinics are able to offer user friendly and quality services, since the patients retain the right to choose their clinics and physicians. The polyclinics act as fund holders, referring patients to hospitals whenever necessary and paying for their hospital-based treatments. Hospital fees were set on the basis of diagnostic and procedure groupings. Hospitals lost their earlier incentives to over treat and keep patients for unreasonably lengthy days. If particular instances of hospital care found to fall below specific standards of quality, polyclinics could refuse to pay or insist on reduced levels of payment.

But the NEM could not correct every structural deficiency. Polyclinics continued to have difficulty accurately calculating their client lists, since initial assignments could be based either on patient's residence or work place. Physicians in most cases continued to receive fixed salaries, so they did not experience the full force of the new incentive structure. Health authorities had to monitor quality standards carefully to counter the polyclinics' temptation to deny referrals to hospitals in cases where in-patient care was appropriate.

In spite of all this, all three regions where the NEM was implemented reported dramatic improvements in efficiency and quality of care. In Kemerovo, the total number of hospital beds declined to 10% from 1987 to 1989; waiting lists for laboratory tests and specialist consultations disappeared; and patient complaints were cut in half. In Samara the average length of hospital stay was reduced by 7%, and the total number of hospital beds in the oblast' was reduced by 5500 (Taylor and Francis, 1998).

The moment when the NEM was gaining its success, the economic system of Russian federation collapsed. The shortage of budget funds, under highly inflationary conditions made it impossible for the NEM to continue.

4.3.1 Obligatory medical insurance system in Russia

With the changes in political and economic reforms in the Russian Federation, some reforms were designed to bring changes in the health care system. Observing the plummeting health status of the population and the catastrophe in the health care financing, some Russian reformers felt that something has to be done immediately. According to a report detailing a late 1990 meeting of RFSFR Supreme Soviet Committee on Health Protection, the deputies concluded that ‘the introduction of new principles of financing of the branch cannot be postponed. This is true despite the fact that a system of market economics, one element of which is medical insurance, has still not been worked out in the country.’ The medical profession was similarly insistent on the need for immediate action. Physicians from various regions formed ad hoc committees to defend their demands. One of their primary demand was the introduction of compulsory medical insurance system, without delay.

The Russian reformers crafted the system of obligatory medical insurance which was eventually signed into law in April 1993. Their challenge was to increase efficiency and equality through market forces. The revenue for obligatory medical insurance comes from two sources. Because government health budgets had been inadequate, unreliable and declining for several years, Russian reformers concluded that a more predictable, and most importantly, targeted source of health care financing should be the primary goal of the reform efforts. The insurance scheme calls for a 3.6% payroll tax on employers, with 3.4% going to oblast'-level governmental health insurance Funds, and 0.2% going to a federal-level Fund to provide subsidies to ensure equalisation of circumstances across regions and to pay for a variety of types of medical care deemed to be of national significance: oncology, tuberculosis, several sexually transmitted diseases, and treatment required as a result of major accidents or

natural disasters. Besides that municipal governments make payments to funds on behalf of children, pensioners, housewives and unemployed at a per-person rate agreed at oblast level (Twigg, 1998).

After disintegration of the Soviet Union in 1991, the governmental management of the social services' provision and of the health care in particular was decentralized. Regional health care administrative bodies became administratively independent of the Federal Ministry of Health Care. The Ministry directly administers/finances only the medical institutions that are federal property, carries out certain controlling functions, and establishes federal requirements to state licensing and attestation procedures of medical institutions, etc.

The Obligatory Medical Insurance system brought revolutionary changes in the Russian health care system. It brought changes in the decade long Russian state monopoly over the health care system. Instead it introduced the system of decentralisation of the Russian health care system which was totally new for a nation which was in its infant stage of adopting democratic values like decentralisation of power. It was a great challenge for the country as, it lacks the experience of those values. No doubt it brought effective results in its mission, but in the initial years of its implementations it faced a lot of problems.

Without a careful analysis of the health market failure, Russia quickly implemented the market oriented changes in the health care system. Excessively rapid de-statisation, decentralisation and change in mode of financing were introduced before the institutional capacity to implement the changes had been established. As might have been expected, these policies have led to near collapse of the health care sector during this transition. The switch to obligatory medical insurance in Russia did indeed provide additional revenue for healthcare, although not as much as expected. But more importantly, it has failed to find the proper balance and placement of state regulation versus market forces.

The first key error made by the Russian reformers was to focus almost exclusively on bringing new, substantial and protected sources of money into the health care system without considering the administrative environment through which those funds would be spent. Simply changing the method of revenue generation, contrary to some expectations, did not change managerial and incentive structures. It is true, however, that charging the Obligatory Medical Insurance Funds with responsibility for collection of the health-related payroll and municipal taxes have resulted in high rates of tax compliance-much higher than the government experiences for general revenues. The revenues accumulated by compulsory health insurance funds were not sufficient to cover the gap between the available funds and those required to provide free medical services granted to people by the government.

Even though the main motive of the Obligatory Medical Insurance system was to bring efficiency to the Russian health care system through competitive pressures between payers and providers, the efficiencies in most cases have not been achieved. The Russian Government has not taken any initiative to create an environment in which competition is encouraged.

Russian health authorities resist competitive contracting since they have the fear that their authority would be diminished. Many hospitals and polyclinic managers are also reluctant, despite the promise of additional resources.

Above all the Russian public is also not ready to accept the competition. Old habit of passive resistance under state paternalism still characterise the Russian public.

4.3.2 Continuing Medical Education Programme

Besides, the Obligatory Medical Insurance System, various measures have been taken by the Russian government in collaboration with other nations to bring reforms in the health care system. One import attempt in this regard is the American-Russian collaboration in Continuing Medical Education. CME programs are generally conducted by universities and academies.CME

programs have been organised in each locations for physicians directly responsible for patient care and includes lectures and visits to polyclinics for direct patient contact. Under this programme, there is also provision for teaching the teachers, that means to teach the teachers of the universities. The CME Programme is conducted by the Eurasian Medical Education Programme. The EMEP was developed to address the needs of Russian patients and physicians by providing the Continuing Medical Education. The philosophy of the EMEP is to become partners with Russians in three levels: governmental academic and clinical(Farmer,2003)

4.4 Pension Schemes

The pension scheme is a major attempt under the Soviet as well as the Russian Government in providing economic assistance to the various neglected section of population. Under the state paternalism, the Soviet Government took a number of measures in protecting the Soviet citizens in the form of old age pensions, pension for the disabled, pension for widows etc.

Tracing its origin to the People's Commission on social provision of the 1920s, the Soviet pension system covered three specific categories of monthly transfers. First, transfers were made to families who had lost a breadwinner, a program initially oriented towards Red Army widows and their children. Second, transfer payments were made to disabled individuals, basically the persons who injured during the revolution and the civil war. Lastly, a system of monthly payments to workers who had both reached retirement age, fifty five for women and sixty for men. The pension system became institutionalised in 1930s and the soldiers party workers were among the earliest occupational categories eligible for receiving social transfers under the emergency pension systems. Article 120 of the 1936 Constitution of the Soviet Union included the statement that all citizens deserved social provision, particularly in their old age .But no uniform statute assuring the provision of state pension coverage for most occupational categories existed until 1956. In that year pension coverage

extended over most of the occupational groups except the later inclusion of collective farmers in the year 1964(Buckley and Donhue, 2000)

The Russian pension system even though faced payment difficulties, in its initial years ,still several programmes have been adopted to expand pension system coverage and programs. First, pension rights are granted to all citizens of former Soviet Union after the break up of the Union in 1991. Second, efforts had been made to increase in-kind transfers through the development of cadres of social workers who make home visits to the elderly and physically infirm in order to provide physical assistance. Thirdly, a fourth pension category, social pension began to grow. It was basically for the poor citizens. Social pension recipients are concentrated in the Far East, where the cost of living is highest and the economic crisis particularly sharp (ibid).

4.5 Immigration Laws in Post-Soviet Russia

Immigration has been considered as the best alternative for promoting demographic growth of the Russian Federation. As the demographic scenario of the country is deteriorating day by day, and consequently affecting the economy of the nation as the number of the working age male mortality is sky rocketing, Russia now a days is going through heavy labour shortages. In order to fill the labour vacuum and to save the nation from the demographic catastrophe, the role of immigrants is very crucial for the current period. So in order to provide better immigration policies, the Russian Federation has been keep on changing its migration policies from time to time.

During the Soviet period, the nature of migration laws were very restrictive. Immigration to Russia or emigration from Russia as well as internal migration that is, migration from one region to another was not that much easier. And migration policies were formulated in accordance with the need of the state. But after the dissolution of the Soviet Union, Russia took many significant reforms in regard to migration laws. The first migration laws is the repeal of the decade long propiska system. The young reformers team under the presidency of

Yeltsin embraced democratic values and filled with the enthusiasm to improve the Russian political system. The Constitution of the Russian Federation of 1993 was drafted in line with the UN International Covenant on Civil and Political Rights and included its statements on freedom of movement in full. Correspondingly, the 1993 Federal Law 'On the right of citizens of the Russian Federation to freedom of movement and choice of domicile on the Territory of the Russian Federation' abolished the *propiska* system in favour of a *registration* system. Formally, the requirements of registration did not change much but the enforcement of the rules was weakened. As a result Russia became a more open country and Russian citizen got the chance to go abroad temporarily as well as permanently. In accordance with the 1991 law on the employment of the Russian Federation, the Russian citizens enjoyed the right to be employed in foreign countries. Article 10 of the Law entitled 'The right of Russian citizens to work abroad' declared that "the citizens of the Russian Federation have the right to seek job and get employed outside the Russian Federation at their own will". In 1995 the Government Decree 'On licensing activities assisting Russian citizens to get employed abroad' was signed and approved by the Duma.

This liberal policy of migration under Yeltsin was compensated the demographic shortage of the 1990s to some extent when the country was going through negative population growth. Russia received largest number of immigrants from the CIS countries. In 1992, an Agreement on visa-free entry was signed between Russia and other CIS countries. However, in 1999 Turkmenistan and Uzbekistan, and in 2000 Russia, Kazakhstan and Azerbaijan, withdrew from the Bishkek Agreement. Russia explained it by the fact that of the joint CIS agencies cannot effectively counteract cross-border terrorism threats, arms, drugs and human trafficking, and immediately signed bilateral agreements on visa-free population movements with all the CIS members except Turkmenistan that insisted on a proper visa regime for all the post-Soviet

states. In 2001, visa requirements were introduced by Russia for Georgian citizens as a result of a political tension between the two countries.

During the early post-Soviet years, development of the Russian migration policy was influenced by two major factors: (1) lack of practice and knowledge in the field of international migration management; (2) huge inflow of former Soviet citizens from different parts of the post-Soviet territory who had to be provided with social protection, including access to public medical care and education systems, habitation, social benefits, provision of pensions, etc. This massive inflow of migrants most of those are refugees complicate the situation in Russia and this gave rise to reactive and restrictive immigration law in the early 2000(Ivakhnyuk,2009).

Between 2002-2005 a tough migration policy was formulated by Putin. Its main motive was to strengthen the security structure of the Russian Federation which was threatened by the large number of illegal migrants. In this period the official attitude to migration was strongly negative.

In 2002 Federal Law on the legal status of the foreign citizens on the territory of the Russian Federation was approved. The new law of the Legal Status of the Foreign Citizens was to regulate the legal situations of millions of non-status migrants in Russia and to set transparent procedures for obtaining temporary and permanent residential status for new migrants. Based on the provisions of the law , a number of procedures and barriers were placed to maintain tight control over the structure and number of migrants coming for a long term or permanent residence and temporary employment. These are:

- any foreign citizen arriving to Russia has to register within three days ;
- accommodation has to be found before registration, within three days;
- temporary stay upon unauthorised registration stamp is limited to three months;
- temporary residence upon temporary residence permit is possible within the administrative area where the permit was issued;

- The number of permits for temporary residence in Russia for foreign citizens is limited by a quota;
- Temporary residence permit holders and permanent residence permit holders must re-register every year in a territorial unit of the Ministry of Interior;
- Employment of foreign citizens, temporarily or permanently staying in Russia, is possible only with valid work permit;
- Recruitment of foreign employees is possible for licensed employees;
- On entering the Russian Federation, at the border, a foreign citizen has to fill out a migrant card; the card is to be returned to a border guard officer (Human Development Reports, 2009).

The law made no difference between ex-USSR citizens and migrants coming to Russia from outside the post-Soviet territory. Even though the immigration policy was tightened, the licensing procedure of employers was so time-consuming and complicated that the approved quota for foreign workers was not fulfilled. The mechanism of establishment of annual quota was not transparent. As a result it narrowed the legal channels of labour migration. This complex nature of migration laws led to greater increase of illegal migration, formation of mafia networks and corruption among officials dealing with migration. The inadequacy of the existing migration policy and the urgent need to simplify the legalisation of migrants led to the formulation of a more liberal and humane immigration policy in the year 2006. . The new approach to migration regulation is set out in a new law, “On migration accounting of foreign citizens and persons without citizenship in the Russian Federation”, and in a new version of the law, “On legal status of foreign citizens in the Russian Federation”, both enacted on January 15, 2007. The programme is guided by the pragmatic purpose of the Russian Government to alleviate the demographic crisis Russia is facing at present. This policy provided ample scope both for compatriots, migrants from the CIS countries other parts of the world to lead a

legal and smooth life in Russia. For compatriots who want to move Russia for permanent residence, the law provides the following guaranties and social support;

- a refund of travel expenses and transportation of their possessions;
- guarantee of the state duty for the paper work to regularise their status at the territory of the Russian Federation;
- a one-off grant;
- a monthly allowance for the period until the Russian citizenship is obtained but not more than for 6 months, in the absence of income from labour or business activities;
- a compensation packet including services of pre-school institutions, secondary education, vocational training, social welfare, health care, and assistance in job seeking (ibid).

For foreigners on a temporary stay in Russia, achieving a residential permit became more simple. The list of documents which were being required previously to get residential permit has been shortened and registration by post is also allowed. The procedure of employment of foreign migrants has also undergone changes.

Unlike the previous period, where the employment of a foreign worker was granted to an employer, in the current situation, a work card is granted to the worker himself. As a result the migrants can freely search jobs and the employers are free to hire foreign citizens with work cards.

Conclusion

In order to tackle the problem of demographic crisis the Soviet Government as well as the Russian federation took various measures from time to time. Even though the result was mixed that is positive as well as negative, still then those reform measures which were taken by the government were to a larger extent able to bring improvements in their fields for which they were formulated. The

pro-natal policies of the 1980s and the subsequent family policies under Putin undoubtedly increased the rate of fertility in the Russian Federation. The incentives provided under the pro-natal policies motivated most of the Russian parents during that period to produce more children and consequently helped in the demographic increase of that period.

Similarly the anti-alcohol campaign is a landmark law under Gorbachev in soviet history. The campaign brought dramatic change in the Russian society in its campaign years. The significance of this campaign is far reaching. It brought drastic changes in the Russian lifestyle. As the rate of alcohol consumption was reduced dramatically, there had been seen major improvements in those problems which were being occurred due to heavy alcohol consumption like the cardiovascular diseases, mortality due to alcohol poisoning, rode accidents, suicides, homicides etc. Above all it contributed a lot in bringing peace and stability in the Russian society which was greatly threatened by the heavy alcoholics. The anti-alcohol policy under Gorbachev, is perhaps the most effective and significant attempt in the way of bringing reforms in the Russian demographic crisis. The Mandatory Health Insurance system of the Yeltsin government is also a significant attempt for Russian health care system. The greatest achievement of this reform measure is that, it was able to compensate the deficit health budget of the Russian government and decentralised the Russian health care system which was previously was the exclusive privilege of the central government. As a result the Russian health care became more effective and efficient.

The immigration policies under Yeltsin and specifically under Putin are significant milestones in promoting demographic growth , at the time when the country barely needs labour migrants, for its demographic as well as demographic survival. The liberal immigration policy of the Putin government led to massive inflow of immigrants to the country particularly from the CIS countries.

Although the policies taken by the Russian government are quite significant for resolving the demographic crisis, still the reform measures are not producing the best results. There are various hindrances in their way. The most important hurdle is the lack of funds to implement various policies to produce the best result. Russian federation has been going through heavy budget deficits since the early 1990s. Without sufficient funding, whatever policies the government takes cannot be effective.

CHAPTER-5

CONCLUSION

After the dissolution of the Soviet Union even though Russia became the successor state of the Soviet Union and inherited all the major privileges of its predecessor, still then it could not establish itself as a healthy nation among the community of nations. In its initial years it undoubtedly faces a number of problems as it happens with every nation during the transition period. But unlike other nations, the cost of transition was very high for Russia. Besides the other socio-economic instability of the transition period, the problem which drew attention of not only the Russian policy makers and experts, but the attention of the world leaders, is the rapidly declining trend of Russian population. Now Russia is in the brink of demographic devastation. Mortality rate is soaring in current Russia, while the fertility rate is declining rapidly.

The decade long trend of Russian low fertility aggravates the demographic conditions of the country. The Russian fertility rate has been remained below replacement level except during the pro-natal policies of the 1980s. Since the break up of the Soviet-Union, Russia's fertility rate has been declining sharply. Its rank in fertility rate is quite below the other European countries. Current rate of fertility is also below replacement fertility which is required to maintain the demographic balance in Russia. Russia since the Soviet period has been remained as the epicentre of abortion. The abortion in Russia is perhaps highest in the world. This abortion culture further aggravates the fertility rate of Russia. Even though, most of the Russians are highly educated and mobile, the failure of the Government to develop some basic modern methods, like the availability of contraceptives made many people to rely on abortion. So as there was no alternative to birth control most of the unwanted pregnancies were ended with abortion, which is very unfavourable for a country going through demographic crisis.

Russian health care system is getting deteriorated day by day. Russian medical facility is far below the other European countries, both in quality and quantity. Starting from the infrastructural arrangement to the efficiency of the doctors and the availability of quality of the medicines, Russia is in a very critical position. The buildings of Russian medicals is very miserable, they are century old. The medicals are also not that much hygienic which is very much required for the patients. Health care funding is also quite below the level of the other European countries. As the health care sector lacks sufficient funds, its not able to address the major health related problems, facing by the Russian people.

Coupled with the low fertility rate , the mortality rate is also rising rapidly in Russia and it reached its worst stage in the early years of the 1990s. In 1992 Russia's population passed a demographic milestone experiencing more deaths than births. Its the first time in its history when the population growth became negative. The mortality of Russia also varies from region to region. The regions with unfavourable climatic condition are prone to more diseases and as a result the mortality rate in those regions are high, compared to other parts of the country. Russia is the epicentre of many deadly diseases. While the other European countries have long back controlled many infectious and other diseases, Russia is still not able to fight with all those diseases which are the major causes of death like Cardiovascular diseases, Tuberculosis, HIV/AIDS, Cancers, etc. Besides these, the other major causes of death are alcohol poisoning, accidents, homicides, suicides, which were particularly high in the 1990s.

The socio-economic reforms of the 1990s is greatly responsible for the negative population growth of that decade. Particularly the shock therapy model, which was adopted by the Russian Government shook both the Russian society and economy. It brought more shock than therapy. The sudden shift from a centrally planned economy to a free market economy could not cope with the prevailing situation of the country. The favouring hand of the Government under state paternalism was lifted by the market reform. The soaring inflation and the end of the subsidies provided under the Soviet Government, brought many Russians to the trap of below poverty line. The real wages of the citizens reduced to its minimum. Although the private sector had

grown, self-employment were rare. Incomes are down and unemployment is up. There is wide gap in income distribution, making a few Russians richer and leaving majority of the Russians below poverty line. The standard of living of the people became very low. This high poverty, unemployment, and soaring inflation were the major cause of deaths due to psychological stress. The rate of crime and corruption was as high as possible. The psychological stress, and economic stress, took many Russians to the pre-anti-alcohol campaign days. The rate of deaths due to alcohol poisoning, road accidents, suicides, homicides and the cardiovascular diseases, due to heavy alcohol consumption sky rocketed, leaving the decade of 1990, the worst demographic decade in the Russian history.

The most acute problem which Russia is facing now is the highest rate of mortality among the Russian working age population. The rate of diseases like cardiovascular, tuberculosis, cancer, HIV/AIDS is quite high among these communities. Deaths due to alcohol poisoning, accidental deaths and also homicides, suicides are also high among the working age male.

This rapidly increasing working age male is now a great threat for the Russian economy and demography. The rapid loss of the working age males, creating heavy labour shortage for Russia. As Russia embraced globalisation and privatisation under the market reforms, it needs a large labour force to make use of its natural resources, which is very much lacking in the present condition. The high mortality among the young adults also has negative impact on the Russian military force, which needs lots of young soldiers. Soviet Union had been remained as the super power both economically and militarily and at a point of time was in par with the current sole super power America. As the successor state of Soviet Union, Russia also urge for the revival of its lost position. But unfortunately, the present demographic situation of the country posing threats in achieving those goals.

The current situation of the country is not an overnight creation. It is a decade long process, getting aggravated over time due to the lack of proper attention of the Russian Government. There is no doubt a lot of measures had been taken by the Soviet Government to address this problem, but the problem is that none of them could not last long. The government had been given a deaf ear to this problem,

concentrating on other issues, for which Russia is facing this problem now. The pronatal policies in the 1980s is a major attempt by the Soviet government in increasing fertility rate in Soviet Union, which became widely successful in its mission. The state provided a wide array of maternal and child care facilities which, motivated many parents to go for more child. It also reduced the rate of abortion in Russia to a large extent. But, it did not last long. The end of the policy in the second half of the 1980s, and the subsequent economic reforms further brought decline in the fertility rate of Russia. Similarly the anti-alcohol campaign of the 1980s under Gorbachev is a landmark reform attempt in the way of resolving demographic crisis. Even though many attempts had been taken prior to Gorbachev in controlling alcohol consumption, none of them produced effective results like the campaign under Gorbachev.

The campaign brought spectacular change in the Russian morbidity and mortality rate. The number of deaths due to direct or indirect cause of heavy alcohol consumption reduced dramatically. The crime rate also reduced a lot. The life expectancy of people increased considerably. For the first time in Soviet history a reduced gap in sex differential in life expectancy was noticed.

Besides all these reform measures, the most significant one is the immigration reforms under president Yeltsin and Putin. The immigration measures were formulated from time to time considering the need of the existing time. The immigration policies of the early 1990s were basically accommodating the compatriots. But the excessive liberal policy without effective regulating mechanism, led to the inflow of large number of illegal immigrants to the Russian Federation during those early years. Besides that the lack of experience in immigration also hindered in formulating effective immigration laws in Russia. As the number of illegal migrants rose rapidly who were involved in many unfair activities, the Russian Government formulated restrictive immigration policy in 2002. But once again the new policy was not favourable, which instead of decreasing the number of illegal migrants, increased their numbers. The new policy was very complicated and beyond the understanding label of many average migrants. This further aggravated the situation, by creating socio-economic and security threats for the Russian Federation. Ultimately, observing the serious demographic implications of the country and the

rising labour shortage of the economy, a more liberal and humane immigration policy was formulated in 2006. The major motive behind the policy is to increase the labour force of the country through providing favourable socio-economic incentives to the immigrants. Due to the adoption of the liberal policy of immigration the Russian Government is now to a large extent able to compensate the labour shortage of the country. Since 2006, massive inflow of labour migrants are coming to Russia, from various parts of the world in general and from the CIS countries in particular. So the immigration has been remained as the best alternative to the natural population loss as well as labour shortage of the Russian Federation. And its predicted that in the coming decades also it will play a vital role in the demographic as well as the economic development of the Russian Federation.

The demographic scenario of present Russia is very critical and delicate . Its deteriorating health care system coupled with the rising rate of diseases, is now aggravating the demographic scenario. The average Russians are unhealthy. While healthy population is the asset of a nation, similarly on the other side people with diseases are liability for the nation. Its the duty of a nation to convert the liability to asset. The Russian Government should take adequate socio-economic measures to improve the health conditions of its citizens.

Russia's population growth is declining and several demographers from across the world are forecasting that, towards the middle of the 21st century, the population size of Russia might decline to 116 million, which is quite alarming. This rapidly declining population size of Russia will pose threats to Russia's urge for the revival of its lost position. The socio-economic, and security threats which can be the direct consequences of the demographic crisis might pose threats for the very survival of the nation. The excessive working age male mortality, might paralyse the economic progress of a resource rich country. Similarly the lack of soldiers in Russian military force will pose security threats for the nation. Among the four elements of state, population constitutes an important one. The progress of a nation is imposed on its healthy and skilled population. So until and unless the demographic problem of Russia is resolved, its urge for the revival of its lost position will remain as a mirage. Russia is now attempting to achieve both demographic stability and to fulfil its

foreign policy goal of reviving its lost position. So it is up to the Russian Government to decide to whom to spread its favouring hand. Whether to concentrate on its economic growth or to give attention to its millions of citizens who are still trying to raise their heads from the economic storm of the 1990s and from the graveyard of diseases. Both the issues carry equal importance for the Russian Government. But Stalin's policies should not be repeated in the name of growth and development, ignoring the millions of toiling mass. Both the issues could be addressed through the formulation of wise laws and real development process should be started from below, not from the above.

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