

SOCIAL DEVELOPMENT

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Social policy of nation preservation: drastic change of negative health trend of the Russian population

The present-day Russia is characterized by the decline in population size and its health impairment. The author considers that it is possible to overcome this negative trend and lowering human capital when the poverty being decreasing and the population inequality in income and pay being overcoming.

Demographic crisis, health of population, factors and reasons of illness, poverty, population inequality in income.



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In Russia the last decade of the XX century is characterized by demographic crisis apart from everything else. The beginning of the crisis can be dated to 1992 when the population development overcame “the point of no return”, having been found in the zone of natural loss where it still stays. This can be seen clearly at the diagram (*fig. 1*).

At the same time the years of 2008 – 2009 have some positive tendencies which passed under the impact of the government demographic resolutions taken in 2007 but their efficiency will depend essentially on the duration of influence over demographic processes. As our life (and life in other countries) shows that such attack takes action for 2 – 3 years, and then after the population having adapted to them, everything resumes its normal course. Moreover the important role was played here by the replacement of natural population loss with migratory population increase which essentially rose for these two years (*fig. 2*).

In January – October, 2009 the natural population loss decreased by 116.4 thousand people in comparison with the appropriate period of 2008 and the rising migratory population increase made up for all the numeral loss of population and was by 6.1% higher than that one.

Over the period from 1992 to 2008 the natural population loss was 12.5 million people, it was partly compensated by the positive balance of migration (*tab. 1*).

If we can't change the death and illness tendency drastically in the nearest 5 – 7 years, then because of persistence of demographic processes the crisis won't be get over even by the middle of the century and the population size of Russia will decrease up to 100 – 110 million, that is by 30 million more.

There is a point of view that the natural loss can be replaced with the migrants in the scale of loss, that is per 500 – 700 thousand people a year. However this idea has much more nega-

Figure 1. Natural population development

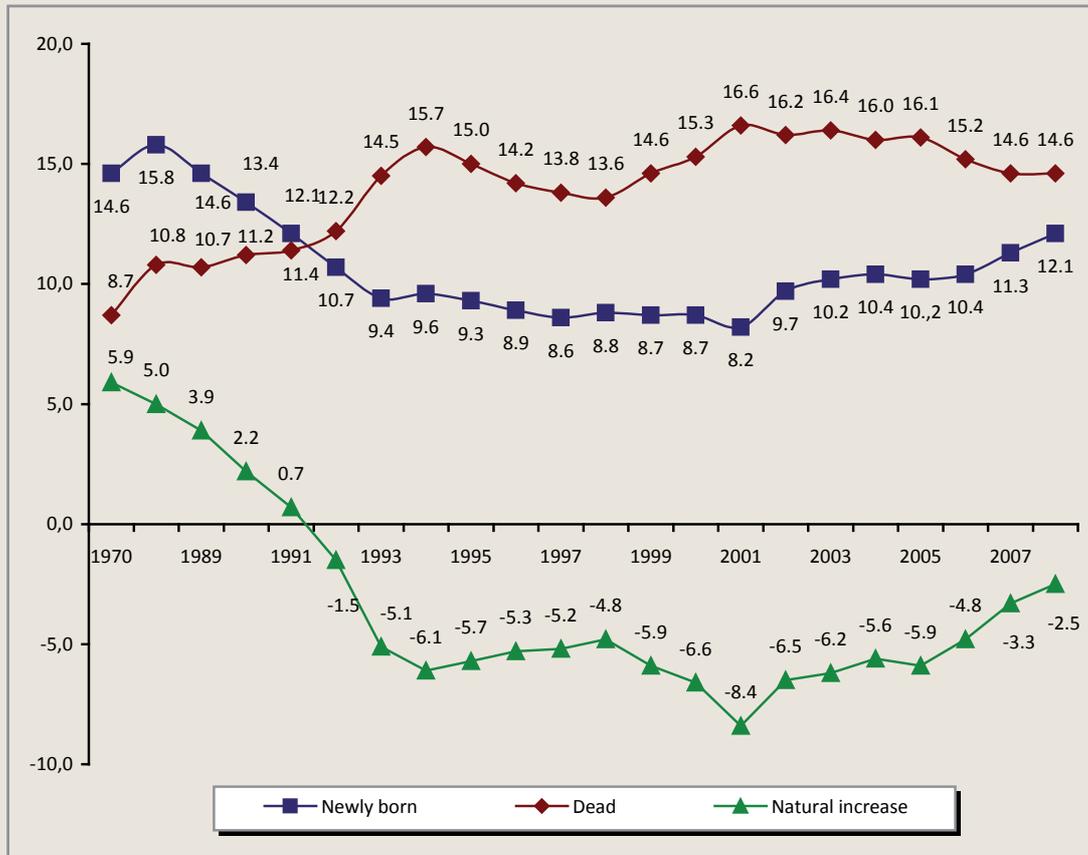


Figure 2. The replacement of natural population loss with migratory population increase

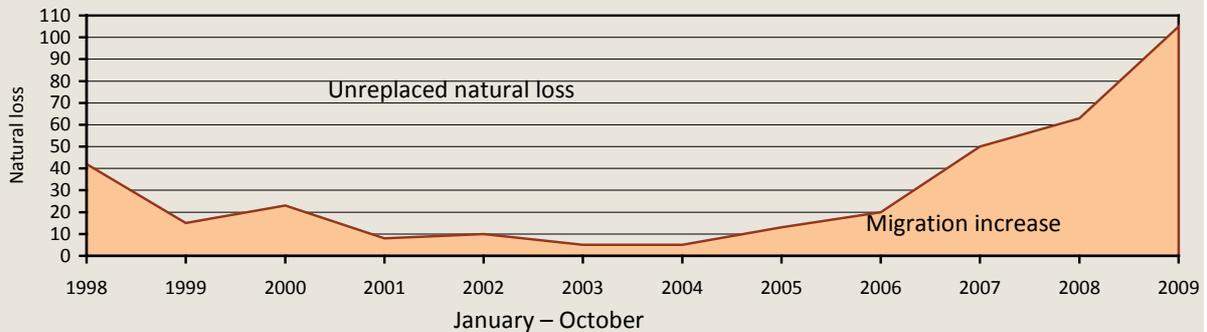
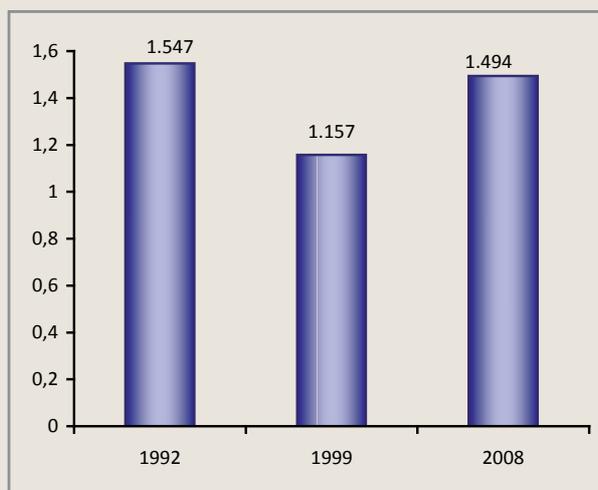


Table 1. Natural and migratory population movement (1991 – 2008)

Indicator	1991 – 1995	1996 – 2001	2001 – 2005	2006 – 2008
Number of newborns per a year	1.5	1.3	1.4	1.6
Number of dead per a year	2.0	2.1	2.3	2.1
Natural loss per a year	0.5	0.8	0.9	0.5
Decrease in population over the period	2.5	4.0	4.5	1.5
Decrease in population over 1991 – 2008	12.5 million			
Migratory population increase over 1991 – 2005, million	5.7 million			
Migratory population increase by the periods, million	2.5	2.1	0.8	0.3
Recovery of natural loss, in %	100	50	20	20
Real decrease in population, in %	-	1.4	2.4	0.8

Figure 3. The cumulative rate in Russia



tive arguments than positive ones and all that it can hardly be realized. This idea is easy to proclaim without thinking of its consequences but one should mean that the migrants require large housing stock which is not provided even for the citizens of Russia. They also need appropriate working places. The job shortage is increasing as a result of financial and economic crisis. According to the experts' assessments the unemployment will be still rising in 2010.

In order to replace the parents' generation with children generation completely the cumulative rate (the number of children on average being born by one woman of childbearing age) must be no less than 2.15.

But over the last 20 years this indicator was essentially lower and was changing in the following way: **1.547** in 1992, **1.157** in 1999, **1.494** in 2008.

The scale of birth rate is determined by two complexes of factors:

a) reproductive potential and b) reproductive behaviour.

The reproductive potential of our population is watched well in perspective and unfortunately it doesn't make us glad, because:

- by the middle of century relatively small cohorts of women will be of childbearing age;
- it is being reduced together with decline in population health; it is enough to notice

that by now 15 – 20% of married couples are infertility;

- the spread of abortions as a result of low child-bearing culture has a negative impact.

• The situation of reproductive behaviour leaves much to be desired as well. There are the following things:

- stable reduction of marriage rate and divorce growth;

• predominance of one child family model, the data of population census of the year 2002 say that 34% families had one child, 15% – two children and 3% – three children and more;

- emergence of renunciation of child's birth at all ("child free" society);

• extending competition between children and welfare (career, income increase and consumption increase);

• so far low standard of life and first of all low earnings: 2/3 of workers have earnings which is not enough to provide himself or herself and one child.

The leader of demographic reproduction is the death rate and not the birth rate (2,080 thousand died in 2008, 1,710 were born). Meanwhile more than 80% deaths are results of illness and various kinds of illness. As follows from above the main way to get over the demographic crisis (especially today) is to improve health and on this basis to reduce the death rate.

But the importance of health is determined by not only its demographic role. Health is a characteristic of human potential and human capital defining the economic power of country. Health is a basic component of life quality measured by life duration under the conditions of free choice. On the other hand the life quality is a basic parameter of its value for a human being. Longevity is important as well as a human ability to keep health, vitality, life energy and life wish itself from year to year¹. It's an active source of dynamic development of society and it will replace high technology as a main factor of economic growth, a decisive factor of YI technological structure which will be determined by the population health directly. Being the main priority our health in all its many-sided aspects must be at the head of social policy of Russia.

1. The integral state and health development of Russia's population.

The All-Russian health organization defines health as a state of total physical, psychiatric and social welfare. At the same time physical health is an ability to do everyday job including care of himself or herself; psychiatric health is a human state of harmony with himself or herself; social health reflects positive attitude to other people, willingness to help and ability to accept assistance. There are two levels of consideration and assessment of health: a) population level (public health) relating to the population of particular territory of country, region, town and b) individual level describing an individual.

It is reasonable to assess the public health state on the basis of comparison with other countries and territories and to use at least three characteristics:

- duration of forthcoming life (DFL);
- illness rate;
- invalidism rate.

Russia has the lowest DFL among European countries and in 2008 the lifetime of population was 67.9 years in whole. In our

¹ Human ecology in the changing world / ed. by the member of the Russian academy of sciences and the Russian academy of medical sciences V.A. Chereshnev. – Ekaterinburg, 2008. – P. 47.

country DFL essentially differs in gender (12 – 13 years), that's why it should be always defined specially for male and female. Comparing with other countries these indicators are represented in *table 2*.

Table 2. Duration of forthcoming life

Country	For male	For female
Russia	61.4	73.9
Austria	77.2	82.8
Finland	75.9	83.1
Sweden	78.8	78.6

DFL is formed with death state. In Russia the general indicator of death rate was 14.6 per 1,000 people in 2008; while in the developed countries it was only 8, and in the developing countries – 12. As a result our country took only the 100th place by this indicator among 180 countries.

High level of illness is the foundation of such death rate: in 2008 there were recorded 772 people with first diagnosed illness per 1,000 people, i.e. it's almost 80% of population².

No wonder, special research basing on individual health indicators made it possible to obtain the following results of the population's state (*fig. 4*).

- 3%** – absolutely good health;
- 24%** – relatively good health;
- 3%** – having ill health (disabled);
- 70%** – relatively ill health and ill health (more than 2 chronic illnesses).

Diseases of social causation are of special concern, among them tuberculosis and syphilis should be noted – 395 thousand (in 2007) and 437 thousand (in 2007)³. The epidemic of HIV/AIDS exercises a significant influence over the reproductive health of population because 80% of HIV patients are people of fertile age, they have active sexual life; and 44% – young women with reproductive potential. As a result the share of contagion by heterosexual way grew up to 35% and besides that the number of children being born from infected mothers is going up and in 2006 it was 33,844 children.

² Social state and living standards of Russia's population. 2009. – M, 2009. – P. 31.

³ Social state and living standards of Russia's population. 2008. – M, 2008. – Pp. 327-328.

Figure 4. Health self-feeling by population of Russia

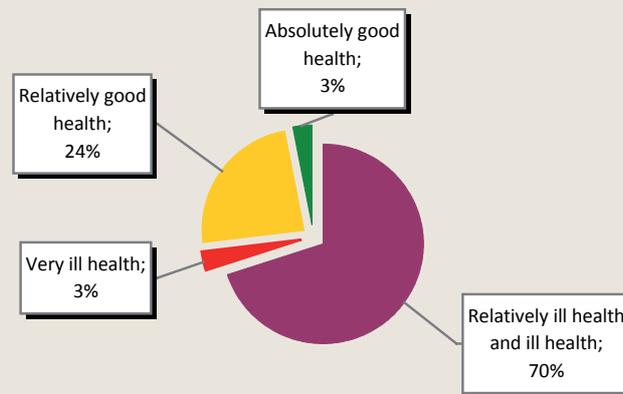
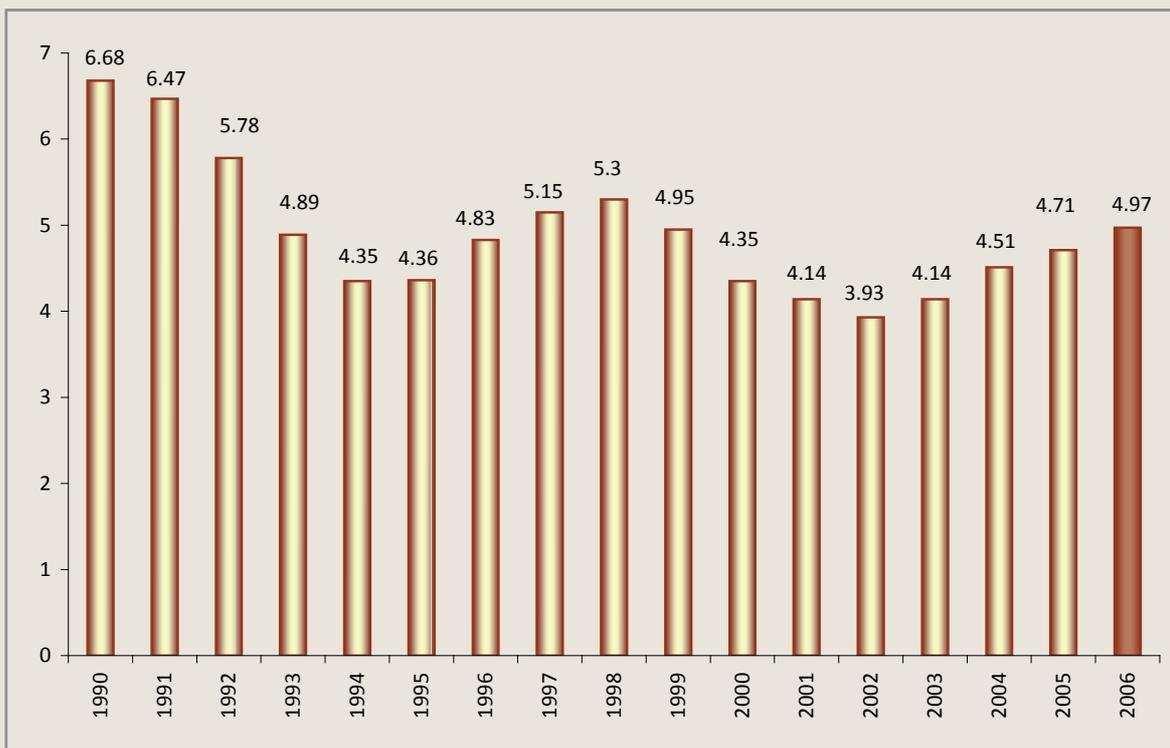


Figure 5. Evolution of composite indicator describing psychological state of Russia's society over 1990 – 2006



Psychiatric nosologies have been widely disseminated: 4,357 thousand people asked for aid because of psychiatric disorders in 2007, and the total number of needy for psychiatrists – 52 million people, i.e. one third population. There with psychiatric disorders among children are by one fourth more than among grown-ups.

Over 2001 – 2003 the number of under-ages with mental retardation disability has increased by 2 times. 2290,7 thousand persons suffer from alcohol abuse and alcohol hysteria and 368.3 thousand suffer from drug addiction, the number of drug-addicts is about 500 thousand according to official data but in fact it is 3.5 –

Table 3. Development of individual health of population in Taganrog, in %

Health self-feeling	Years			
	1981	1989	1993	1998
Good and excellent	62.6	47.0	45.4	36.1
Satisfactory	24.8	37.8	35.7	44.7
Ill and very ill	12.6	15.2	18.9	19.2
Average estimate	3.63	3.39	3.29	3.18
Percentage of people with chronic illnesses	29.4	43.3	48.0	60.7

Table 4. Development of individual health of population in Moscow, in %

Health self-feeling	1996	2004
Excellent	8.5	5.0
Good	51.6	30.0
Satisfactory	31.3	53.6
Ill	8.7	11.4

4 million people. In 2007 the number of people died of drinking was 75,200 people, 37% out of them died of accidental poisoning, 38% – of alcohol cardiomyopathy⁴.

In Russia the invalidism rate is determined by the number of disabled people (today there are more than 12 million such people) and their annual increase of about 1 million persons. The comparative number of disabled is 5 times more than in the developed countries.

Social health (welfare) is measured through asocial behavior by composite indicator integrating primary indicators off asocial behavior – suicide, murders, psychiatric disorders, social orphanhood, divorces etc.⁵ (fig. 5).

In 2006 *composite indicator made up by the countries*:

Russia – 4.97	Czech Republic – 6.65
Estonia – 5.20	Finland – 6.89
Lithuania – 5.63	Hungary – 7.20
Ukraine – 6.31	Denmark – 7.50
Belorussia – 6.79	

Composite indicator describing psychological state of Russia's society over 1990 – 2006 made up **6.68** scores in 1990, **6.47** scores in 1991, **5.78** scores in 1992, **4.89** scores in 1993.

⁴ Social state and living standards of Russia's population, 2008, M., 2008. – P. 336.

⁵ Yurevich A.V. Trends of psychological state of present-day society of Russia // Bulletin of Russian academy of sciences. – M.: Science, 2009. – Vol. 79. – №2. – Pp. 112-117.

The evolution of this indicator is considerably changeable and tends to decline the positive psychological state of population over last 15 years. Twenty years research of individual health made it possible to find a number of its special characteristics⁶.

Firstly, health index has a stable descending trend (tabl. 3 and 4).

Secondly, today the average estimate of population's health is 3.13 points in Moscow, and for the country this index ranges about 3.2⁷ on the five-point scale.

Thirdly, the health of children and youth is of special concern, it is getting worse more intensively than the health of grown-ups. Each year newborns have less potential of health: 14.7% of babies were born ill or fell ill after birth in 1990, in 1995 it was 28.5%, in 2000 – 38.0, in 2005 – 40.7, in 2006 – 38.9, in 2008 – 37.3%⁸. Over the time of life the children have higher rate of health drop than other groups of population on average, and in whole the illness problems move from the group of aged to the group of children and youth in spite of common sense. The health of every next generation is worse than the health of the previous generation: our children's health is worse than ours, their parents', our grandchildren's health is bad worse than our children's health.

The children being born ill are not rehabilitated during their life, and being of childbearing age they reproduce ill generation. Each year the reproductive potential is decreasing, and the society is being taken in some "social hole" of illness deeper and deeper. In order to get out of it the life of more than one generation is necessary. If we don't stop this negative process, it can be irreversible.

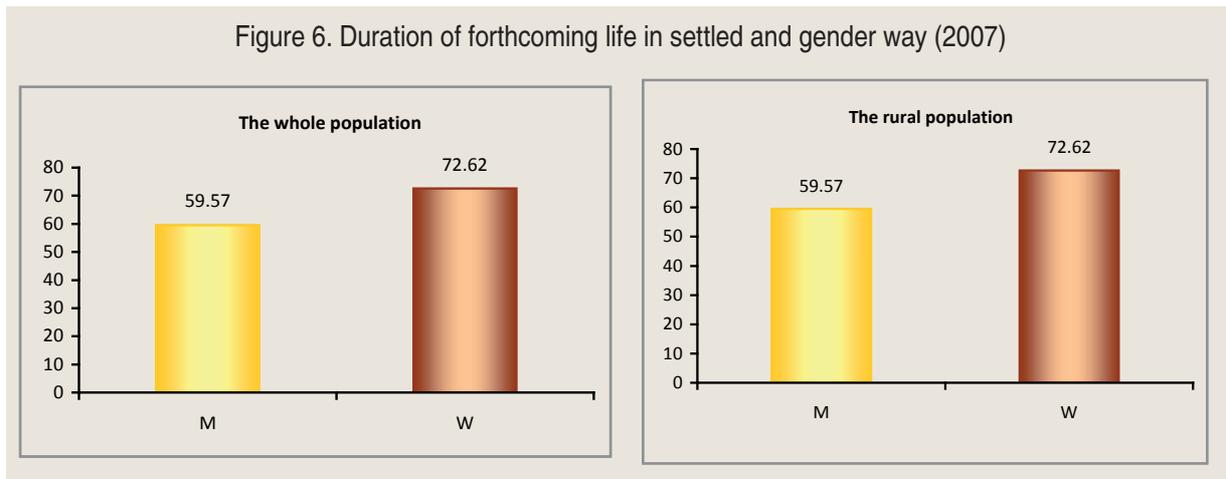
Fourthly, social conditions put obstacles in the realization of person's biological reserves having been founded by nature. They destroy this resource. From the biological point of view

⁶ Preservation of people / ed. by N.M Rimashevskaya. – M.: Science, 2007. – P. 26.

⁷ The influence of behaviour factors over the state of population's health. Basic results of sample research. 2008 / FSGS (Rosstat). – M. 2009. – P. 15.

⁸ Children in Russia. 2009 / UNICEF; FSGS. – M., 2009. – P. 26.

Figure 6. Duration of forthcoming life in settled and gender way (2007)



the development of individual must go on up to the age of 35, but at the end of 70-s XX health “peak” was at the age of 25, and then it was going down and by the end of 80-s it went down to the age of 16, and on the threshold of new century the man remained of his native inborn potential. Social factors give rise to the state of “neglected” health and comparison of real health and body’s biological potential reveals the sociality’s resources.

Fifthly, within the lifespan health doesn’t change smoothly but in “stepwise” way. The crisis points denote the age risk groups: women have a sharp drop in health at the age of 40, and men – at the age of 50.

Sixthly, there was revealed a gender health paradox: men’s lifespan is 12-13 years less than women’s lifespan (*fig 6*), and their individual potential of current health is by 10% higher on average. This fact is explained by biological and social factors. It demands a gender character of social and demographic policy.

Biological reasons are the following. The woman as keeper of human kind ensures its biological stability. Her body is capable of great endurance, she is capable to the lesser load but it can be constant and long. The man has an experimental body and because of it he is less stable. His body is more vulnerable and is characterized by poor immunity. The man works more intensively but he gets exhausted more quickly, he is more anxious and less emotionally stable, he is exposed to crisis more.

The men have lower reserve of hormone system and that makes him less stress-protected. They have special and relatively higher level of metabolism including higher intensity of free radical oxidation. It is connected with increased danger of cellular mutations. It is no accident that the mutations are observed much more frequently in male Y-chromosome and the hereditary diseases are transferred by 10 times more often through the male line. Nature makes experiments with men and doesn’t risk the females who are more valuable for preservation of human kind⁹.

Social reasons also have gender influence over the health. At the labour market the men take working places of great risk, job-related injuries, harmful conditions. 37% of them work more than 40 hours a week. The tuberculosis rate is by 2-3 times higher and the tuberculosis death rate is by 6-8 times higher. The bad habits are spread more often among the men. More than a half of men (53.6%) smokes, while only more than one fourth of women (27.2%) smokes. Low consumption of covers only 39.2% of men and 78% of women. Men suicides are by 6-8 times more frequently than women suicides and their self-preservation behavior is developed much weaker. Trying to provide the family they convert their health in income as opposed to the processes in European countries. Women are ill more often and you know they have two

⁹ Velichkovski B.T. The strategy of community health protection in Russia. Pathogenetic foundation of medical and social priorities. – M., 2003. – P. 11.

social functions – child-rearing and participating in economic activity. Besides it these things determine their poorer current health.

The reproductive health has a significant meaning; the reproduction potential depends on it indeed. Statistics notes the growth of illnesses having an effect on reproductive functions. First of all, the matter is endocrine system illnesses which increased by twice over 1992 – 2006 and the teenagers' endocrine illnesses increased by 3.5 times. Pregnant women's health is considered to be poor, about 40% of pregnant women suffer from anemia; HIV sickness rate is increasing among women and adolescent pregnancy is going up too. In the long run less than one third of expectant mothers parturitates according to the standards. It should be noted that anemia as malnutrition-caused sickness is a clear mark of low material security of the considerable sections of population. It means that today children are often born in negative conditions.

The children health is still getting worse intensively. This fact is indicated by some special on-line researches conducted since child birth.

They made it possible to obtain a number of new results explaining the decline in children and youth health, they are:

- about 40% of children are born ill and take risk to fall ill post partum;
- decline in children health is a direct consequence of decline in women health;
- pathologies are constantly storing up in next generations of Russia's population;
- a vicious circle of poverty and illnesses are forming first of all because about half of new born children are born in poor families or take risk to be poor.

It is no accident that all Russian survey of health in 2002 stated¹⁰: only 32% children are healthy, 16% have chronic diseases, 52% suffer from functional disturbances. The statistics notes that from year to year the indicators of children and youth health are worsening in Russia. Against the background of chronic diseases which 80% teenagers¹¹ have by the time they leave school, there are high indices

¹⁰ The resume of general clinical examination of children if the Russian Federation. – M.: Ministry of health, 2002.

¹¹ Baranov A.A., Sukhareva L.M. // Issues of Modern Pediatrics. – 2006. – №6. – Pp. 23-32.

of reproductive pathology: 60% of girls¹² and 46%¹³ of boys have such pathology at the age of fewer than 18.

Since the beginning of 90-s the health has been decreasing because of reforms, so-called “shock therapy”. Such decline in health is a direct consequence of both catastrophic drop in living standards and more general and deep social and demographic processes. Pitirim Sorokin wrote about it vividly and convincingly, he estimated the influence of revolution (reformation) over the composition of population, the death rate, the birth rate and the marriage rate. As a result of reforms the behavior has been deformed radically. Such behavior deformation changes the biological composition of population, reduces its number and lowers its quality. In the last analysis the process of population selection was negative and upside down; “the biological gene pool of positive properties of nation” is worsening, making for its degradation and degeneration¹⁴.

The increase of death curve and the decline of birth curve result the decrease in natural increase anyway. And the consequence of that is inevitably decrease in children size. The latter is observed for last 20 years and it accompanies the decline in children health. This phenomenon is an inevitable and direct cause of troubles of innovative modernization of economics and realization of technological structure. The appearance of the latter depends on the youth share in labour resources as new technologies become obsolete every 10 years and mastering of them is the lot of young people. In 1995 the children size at the age of 0 – 17 was 38,015 thousand persons and in 2008 – 26,055 thousand, i.e. the decrease was 11,960 thousand¹⁵.

¹² The resume of general clinical examination of children if the Russian Federation. – M.: Ministry of health, 2002.

¹³ Tarusin D.I. Effective communication – for and against. Counseling in the practice of child andrology: ethics, morality and the law // Reproductive health of children and adolescents. – 2006. – № 4.

¹⁴ Pitirim Sorokin. Sociology of revolution. M.: Territory of future: Rosspon, 2005. – Pp.183-198.

¹⁵ Children in Russia. 2009 / UNSEF; FSGS. – M., 2009. – P. 10.

2. Factors and causes of ailment.

The condition and evolution of population health in Russia observed for last two decades bring us to the conclusion that we have a tense situation which is an evidence of stable negative trend. It is dangerous because it comes nearer to “the point of no return” not only in a quantitative reproduction (our population has already passed) but also in a qualitative reproduction when it is difficult to develop ill society and the demographic losses multiply. To prevent negative tendencies in drastically it is necessary at least to know factors and reasons of ailment, to estimate them carefully in order to set the correct measures of social policy.

According to the resolution of the All-Russian health organization health is determined by lifeway of person (population) 50 – 55%, by existing health care system 8 – 10%, by environment conditions 20 – 25%, by gene component 15-20%. It is clear that in order to formulate the social policy directed at improvement of citizens' health it is important first of all to know how the lifeway factors are structured (50 – 55%).

Wide interdisciplinary researches made it possible to reveal some concrete reasons of ailment. They apply to social and demographic fields. The researches showed that population health and individual health are regulated in a different way, in spite of the fact that in the final analysis the whole complex of their effects turned to be interrelated.

At the macro level the health is determined by the overall development of the country, its economic, social and political potential. The general indicator describing the possibilities and the power of country is gross domestic product (GDP) per capita.

The following things depend on GDP:

- environmental conditions of life in the country;
- scale, maturity and technological level of health care system as a branch of medical services including preventive treatment;
- conditions, level, way and quality of population life, GDP distribution.

The population health is interconnected inherently with a lot of causes of formation of individual state. These causes can be arranged from lower to higher by scale, strength and object of influence. Some factors have an effect of direct influence, another have an indirect effect, some other play the part of trigger defining the time process. Under these conditions the problem is to find out the basic factors among them so that when controlling them one could obviate or reduce the negative effect more easily.

The starting point of factor analysis turns to be a range of differences in “initial” health potential determined genetically and shown itself in the stock of body defenses, in the degree of body resistance to pathological effects. The factors are found out as one-time body reaction or in a some period of time when they can accumulate pathogenic consequences. Time lag depends on one hand on nature, time length and intensity of their effects, on the other hand – on some individual features of body, stock of body resistance.

A great number of causes controlling the health/ailment at the micro level are integrated in three factor units.

The *first* unit determines vulnerability of new generations, the most part of which are born ill or fall ill after birth. For lifetime the condition of children doesn't improve, the share of absolutely healthy people is constantly reducing and less than 10% of schoolchildren are healthy. The official statistical data showed that about one third of children in Russia is healthy, slightly more than half of children has functional lapse, and all the rest have some chronic disease. Two principal circumstances by social and economic character determine the drop in children and teenagers health. One of them is connected with the condition of pregnant women and nursing mothers, about 40% of them suffer from anemia. At the same time less than a half of babies are breast-feeding¹⁶. It was reported in 2008 that 2.5 thousand ba-

¹⁶ Children in Russia. 2009 / UNISEF; FSGS. – M., 2009. – Pp. 25-26.

bies per 1,000 children at the age of one year had some illnesses. It was recorded that 38.3 million children at the age from 0 to 14 years were diagnosed for the first time, about 10% of them suffered from anemia; the share of such children was increasing in the course of time and over the period from 1995 to 2008 it had increased by almost 2 times¹⁷. Illness rate of teenagers and youth (at the age of 15-17) is decreasing a little bit but it is still rather high. There were 182.7 thousand ill children at the age of 0 – 14 per 100 thousand of the respective age in 2008; this size has decreased up to 124.9 thousand per 100 thousand children at the age of 15 – 17. But the anemia rate had increased by 3.4¹⁸ times over the period from 1995 to 2008 and this nosology is an important mark of low level of material security of the respective sections of population.

The second circumstance is connected with the fact the child families especially having 2-3 children have relatively low standard of living. The income of half of households where the babies are born is lower or about living wage, i.e. they are poor or take risk of poverty. It is confirmed by the data of official family survey – NOBUS. The number of women having “perfect” health in the group of material wellbeing female is 2.6 times more than in the group of women who can afford themselves buying food. The condition of woman of childbearing age is a basic factor conditioning the newly born health. More than one fifth (22.3%) out of total number of low-income population in 2008 was children at the age up to 16 years old¹⁹.

The *second* unit of factors is connected with the loss of efficient labour motivation which allows the person to provide for himself and his family with a decent living. High-production labour is necessary for that and it demands great conation of worker on one hand and on the other hand – legally established minimum wage must not be lower than living wage²⁰. While the

gender stereotypes of patriarchal nature dominates in Russia, when the man plays the part of breadwinner, drop in labour motivation has a negative influence over him first of all. Hence it follows an effect of extra male death rate in the period of reforms directed at the market economy formation.

It is known that today the minimum wage in Russia is 5-7 times lower than in Europe and 10 times lower than in the USA. It leads to over-employment of worker who is ready to convert his health into wage, instead of transforming his income into improvement of individual health.

It goes without saying that three circumstances have a negative effect equally – they are low wage, unemployment and decline of family income in whole. The poverty being formed in such way causes a whole complex of biological phenomena starting with lingering emotional stress and increased anxiety which reduce the body resistance to pathological effects, and at last they lead to the disruption of dynamic stereotype of higher nervous activity. When the living conditions being worsened the oxidizing exchange necessary for energetic supply for life activity in the changing environment is getting more intensive. And it in turn leads to the increase in free radicals and the oxidizing damages of deoxyribonucleic acid by them, and in final it results such diseases as heart attacks, strokes, malignant tumours, diabetes and hepatitis.

The poverty worsens the health situation of particular groups and sections of population in three ways, they are:

- low income level has poor “social heredity” because poor people reproduce the poor;
- poor living conditions have an effect over health in a cumulative way, making its potential worse from the heredity point of view;
- the population being out of poverty line, it is difficult for them to use the medical services that are chiefly paid today.

The state of population health is influenced by extremely high social polarization in Russia as well. This phenomenon has a negative effect at both the micro- and macro level. The experts

¹⁷ Ib. – P. 28

¹⁸ Ib. – Pp. 38-39

¹⁹ Ib. – P. 80

²⁰ Velichkovski B.T. The strategy of community health protection in Russia. Pathogenetic foundation of medical and social priorities. – M., 2003. – P. 14.

of UNO compared the development of population in Braslia, Venezuela and Thailand. The first two countries have achieved rather best economic indices and higher average income per capita under more essential differentiation. In Thailand the economic indices proved to be more modest but the income distribution was more even, and the increase in the expected lifetime and the conversion to modern type of population reproduction went on more quickly²¹.

Being a result of existing distribution relationship system of the society the social inequality in Russia has an effect on the population health in the following directions. Firstly, the intensive country's entry to the state of polarization causes a mass frustration of population, long stress and disruption of dynamic stereotype of higher nervous activity. Secondly, the inequality makes a tense in the society, aggression, despair and hopelessness giving rise to different forms of social ailment, such as alcohol abuse and drug abuse playing the secondary role in the reaction over the whole circle of circumstances where the person find himself. Thirdly, the stratification of the society leads to marginalization of some particular groups of population with separation of beggars, homeless persons, neglected children, prostitutes who are amenable to the diseases of social causation most of all (resistant type of tuberculosis, all forms of hepatitis, syphilis HIV-infection).

The *third* unit of health factors is based on low estimate of human life, this estimate is caused partly by the influence of foreign theory of "economically efficient population". The major thing is not a man but economic growth, and it determines all aspects of social policy including intensity, scale and directions of health care modernization. At the micro level this complex is connected with some external conditions determining our life style to a considerable extent. The level of self-preservation behaviour becomes a generalizing factor. It has two extreme points: vital (positive) and

pathogenic (destructive). One of them helps to strengthen the health and another connected first of all with bad habits destroys it.

The special place in the third complex of factors is taken by housing conditions in the broad sense of the word. On one hand, great attention is paid to quality of housing determined by its type, accommodation density, isolation etc. On the other hand – it includes all characteristics of infrastructure character including the transport conditions, the level of development of the trade and general services enterprises, the presence of necessary facilities in the territory which is adjacent to accommodation.

The public health condition is of no less importance. Its marketization led to the destruction of its system and now it can't carry out its tasks efficiently, because the organizers of the public health service connect them first of all with expansion and management of flows of funds.

3. The ways and procedures of radical change of negative trend of health in modern-day Russia.

It is a tradition to substitute the state and development of the public health service for the population health. It is incorrect in part and misleads when determining the priorities of social policy. It goes without saying that the number of doctors and hospital beds and the level of medical technologies have an influence over the health, but it happens at quite another stage and only when the health is completely or partly lost. Otherwise the priorities of social policy will have a false nature and the resources directed to the sphere of medical services won't be used efficiently.

Three complexes of social and economic factors above-mentioned show that the foundation of each of them is first of all material security of population, true scale of poverty and social polarization. The stable negative trend of health condition and evolution observed in Russia today is far from accident, and it is indicated by the data related to the population living standards:

²¹ Aleseev S.V., Yanushanetz O.I., Baranov G.M. Population. The role of demographic processes in human ecology. – M., 2001. – Pp. 207-230.

- one fourth of the employed obtains the wage lower than minimum wage that is formed in fact at the biological level;

- two thirds of employers can't provide with their wage for reproduction of themselves and their (one) child because it is very low;

- despite the official statistics statements, the share of families out of poverty line (i.e. their income is less than minimum wage) makes up more than 30%, and they have no opportunity to satisfy their social needs;

- in spite of crisis state of economy, the social polarization is still growing up having reached the proportion 1:17 by income ration of the 10% least well-provided and rich people;

- the share of poor sections of population and income inequality become deeper because of huge differences between the housing conditions on one hand in mega polices and on the other hand in settlements and in towns over our country.

An essential restructuring of distributive processes rather than the economic growth with doubling and tripling of GDP has a decisive importance to overcome the negative trend in the country. Such restructuring will make it possible to solve a number of the most important social and economic tasks which in final analysis determines the population health. First off all there are two major directions among them:

- considerable (at least doubling) increase in minimum wage as a basic social standard being guaranteed by the state in deed and not in name to every (!) citizen. It will change the poverty line greatly in the country and bring it closer to those that is accepted in the European countries;

- appropriate (by times) growth of minimum wage guaranteed by the state to every employer.

The realization of these conditions will make the labour motivation stronger and improve all the factors determining the fam-

ily income, including the satisfaction of basic human need complex. Without these things it is not only difficult but pointless to speak about the improvement of the population health, the decline in death rate and the rise of lifetime. In fact in the country the poverty line will become lower simultaneously as well as the huge income and wage inequality.

Without using some reallocation mechanisms in favour of low-income groups it is impossible to destroy the negative trend of health in present-day Russia, and the further we put off the beginning of this process, the more number of people's lives we pay for it. The same situation took place in 90-s.

The radical change of health trend in present-day Russia is possible only on the basis of forming the Healthy human programme, like the Intelligent human programme in Japan. There's no need to scare our people by the inflation growth as well as the unbalance of macroeconomic indices because, firstly, there's not anything to worry; secondly, there is nothing more terrible than the death and great decrease in population of the country; thirdly, the matter mustn't be the average indices having no sense under the existing differentiation of income but the distribution nature. It was published more than once that the methods of distribution mechanisms use were worked out and experimented in Russia. These methods have been used in the countries of EC and in the USA for a long time, they are applied to the salary and wage system, taxation as well as the expansion of social insurance complex.

We need for political will and recognition of life and human health priority in deed and not in name. The experimental calculations showed that if the living wage increases by 2 times, the minimum wage increases by 6.9 times and the average wage increases by 3.2 times, the differentiation of wages will decrease 2 times, the average income will increase by 3.5 times and the income inequality will reduce by one third.