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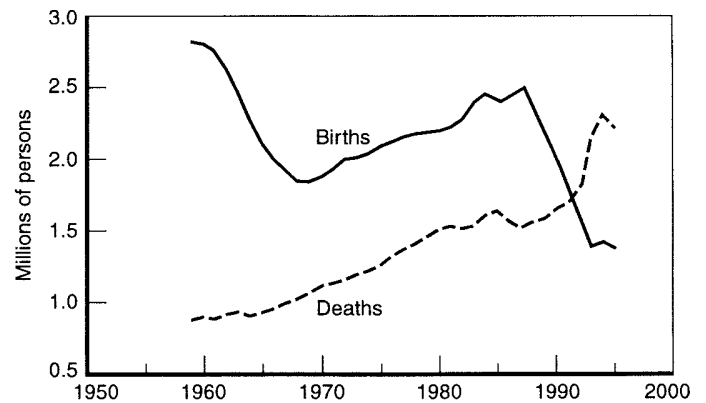
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# Russia's Demographic "Crisis" How Real Is It?

*Julie DaVanzo and David Adamson*

Recent demographic trends in Russia have caused widespread public concern. Russia is experiencing unusually high death rates from nonnatural causes, many related to alcoholism. Life expectancy, especially among working-age males, has dropped precipitously. The Russian fertility rate has declined to among the world's lowest, while its abortion rate is the highest. As a result, for the first time in Russian history, the annual number of deaths has exceeded the number of births (see Figure 1). Compounding these challenges, the population is aging rapidly—a trend that will accelerate over the next two decades—and immigration continues to increase, posing thorny political and social problems for a nation historically accustomed to a net outflow of people.

These events are widely seen as posing a national crisis for Russia. Civic leaders and the general public are especially concerned about the effects these trends may have on the progress of reform—for example, how a shrinking working-age population will support a growing number of elderly citizens. Opponents of reform have exploited these trends for political purposes. They have depicted these events as direct outcomes of reform and even as a conspiracy aimed at destroying the Russian state.



SOURCES: For 1959–1992 data: Anatoly G. Vishnevsky, "Family, Fertility, and Demographic Dynamics in Russia: Analysis and Forecast," in Julie DaVanzo, ed., *Russia's Demographic "Crisis,"* Santa Monica, Calif.: RAND, CF-124-CRES, 1996, p. 32. For post-1992 data: Institut National d'Études Démographiques, [http://schwyz.ined.fr/~blum/situation\\_Russie/Conjoncture/](http://schwyz.ined.fr/~blum/situation_Russie/Conjoncture/)

*Figure 1—Total Numbers of Births and Deaths in Russia, 1959–1995*

Policymakers and analysts are eager to learn more about the causes and consequences of these trends so that they can define appropriate policy options as the reform process continues. The underlying causes of these phenomena had previously not been studied in great depth.

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Policymakers in the former Soviet Union had no interest in policy informed by research; therefore, social and behavioral analyses of demographic trends were shunned in favor of descriptive, often historical, work. More recently, scholars using newly available information have begun to delve into the roots of Russian demographic changes and the long-term patterns underlying them.

To shed light on these issues, RAND and the Center for Demography and Human Ecology of the Russian Academy of Sciences invited a group of Russian demographers to present the results of their research. The aggregate picture that emerged from this groundbreaking work is more complicated than the “crisis” language suggests. Some of the demographic trends currently affecting Russia are the continuation of long-term patterns. Others are by-products of recent events, although not necessarily the reforms of the 1990s. Still others are harder to explain and have probably been exacerbated by the reforms and the current economic slump.

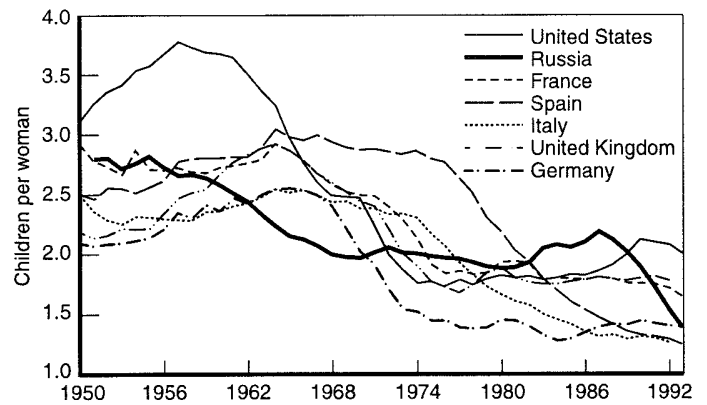
### THE “DEPOPULATION” OF RUSSIA?

In 1992, Russia’s population entered a period of negative growth—that is, the number of deaths exceeded the number of births combined with the number of immigrants. This was a first in the peacetime history of Russia.

This historic population decline has been met with increasing concern in some Russian circles. The Russian mass media have overflowed with alarming articles on population issues. Based on popular, nonprofessional interpretations of available vital statistics, some are calling “to save Russia from depopulation.” As a result, the general public has been misled about population issues. The average citizen is likely to draw a direct connection between the current economic slump and a demographic crisis.

This alarmist view ignores long-term trends in fertility. As in many Western industrialized nations, Russia’s fertility rate has fallen over the course of the 20th century from a relatively high level to a low one. In 1920, the average Russian woman was expected to give birth to about 7.5 children in her lifetime; in 1994, that number had fallen to 1.4. This demographic transition is characteristic of industrial and industrializing nations and is usually associated with greater numbers of women joining the work force and increased divorce and cohabitation, all of which tend to reduce family size and drive down fertility rates. Similar patterns have emerged in the United States and other Western countries (see Figure 2).

However, Russia’s fertility patterns have followed their own unique path over the past two decades. In addition to the decline in births, the age patterns of childbear-



SOURCE: Anatoly G. Vishnevsky, “Family, Fertility, and Demographic Dynamics in Russia: Analysis and Forecast,” in DaVanzo (1996), p. 26.

Figure 2—Total Fertility Rate in Russia and Selected Western Countries, 1950–1993

ing have been changing. In many Western countries, the peak childbearing age for women has grown older and now falls between 25 and 29; by contrast, the peak age in Russia has become younger, occurring between ages 20–24. Furthermore, by 1991, fertility between ages 15–19 exceeded that in the age groups over 30 and rivaled that of the 25–29 age group.

This tendency towards fertility at younger ages is reflected in marriage patterns. Between 1960 and 1995, the average marrying age of women in Russia fell by 4.2 years, from 26.2 to 22.0. This trend sharply distinguishes Russia from other industrialized nations, where the tendency is for women to postpone marriage and childbearing.

Contributing to this shift toward earlier childbearing and the low fertility rate has been Russia’s high rate of abortion. The incidence of abortion in Russia is the world’s highest. In 1992, there were 225 abortions per 100 births, far exceeding the second highest rate—Romania’s—which was 157 per 100 births. Abortion has become Russia’s main method of birth control. Abortions are easily obtained free of charge at virtually all clinics, while contraceptives have been unavailable. Despite the procedure’s prevalence, it frequently poses health risks for Russian women because it is often performed without proper hygiene or anesthesia. Abortion has also played a role in concentrating women’s reproductive activity in early years. Women try to achieve their desired number of children at a young age and then abort subsequent pregnancies without fear of secondary sterility, which often results from frequent abortions. Only in recent years, as the availability of effective contraceptives has increased and the negative effects of abortion have been openly reported by the media, has the number of abortions begun to decline.

Like the trend in fertility, Russia's current net immigration inflow perpetuates trends that emerged earlier, in this case during the late 1960s and 1970s. The size of this inflow increased dramatically after the collapse of the Soviet Union but appears to have subsided somewhat. While Russia currently lacks the infrastructure and experience to deal with immigrants on a large scale, immigration is sometimes weighed as an option for offsetting the natural population decline.

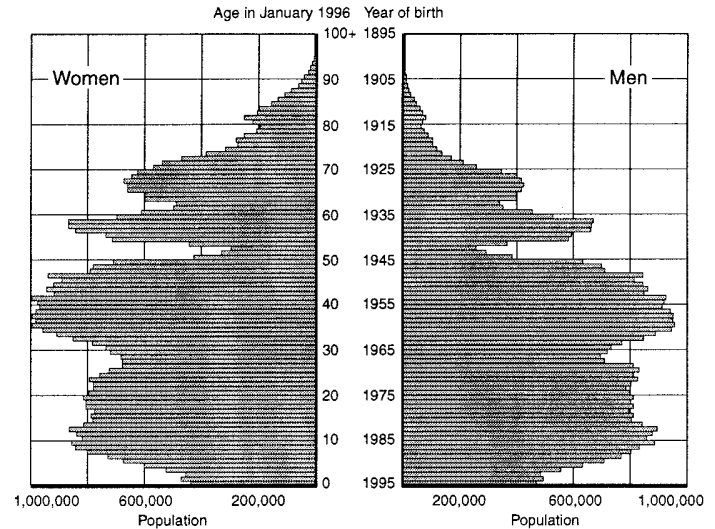
Russia's current population picture need not be viewed as a short-term crisis. A more plausible explanation is that fertility patterns are resuming their long-term trend after a temporary increase in the 1980s that stemmed from government policies aimed at inducing families to have more children. These measures included paid maternity leave and extra benefits in housing and services for families with three children or more. The effect of these measures was to shorten the interval between births. The current pattern suggests that the older timing is reasserting itself. Economic hard times may have further influenced this pattern. Although a two-child family is still the norm, economic difficulties may force postponement of the second child.

### THE "GRAYING" OF THE RUSSIAN POPULATION

The decline in fertility is contributing to a rapid aging of the Russian population. Between 1959 and 1990, the number of persons aged 60 and over doubled. As a result, at the beginning of the 1990s, the proportion of the population aged 60 or over reached 16 percent. This figure will reach 20 percent by 2015. By that year, nearly one of out of every three people over 60 will be 75 or older.

The trends of population growth and aging in Russia have been profoundly affected by catastrophic events, such as the two world wars, the civil war of 1917–1922, and famines in the early 1920s and '30s. These catastrophes have distorted the population pyramid—the typical age distribution and balance between male and female in the population (Figure 3). For example, huge losses during World War II have caused Russia to have the lowest overall male-to-female ratio in the world, especially among the elderly. The irregularities of this pyramid will continue to have an impact on the number of births and the rate of population growth and aging for several decades. This pattern affects such vital spheres as school enrollment, employment, and retirement.

Another determinant of the current age structure in Russia has been the declining fertility rate, which is reducing the number of young people in the population (a trend visible in Figure 3 for the age group under 10). In the past, the prevailing age structure compensated for the long-term trend toward lower fertility. The average age of



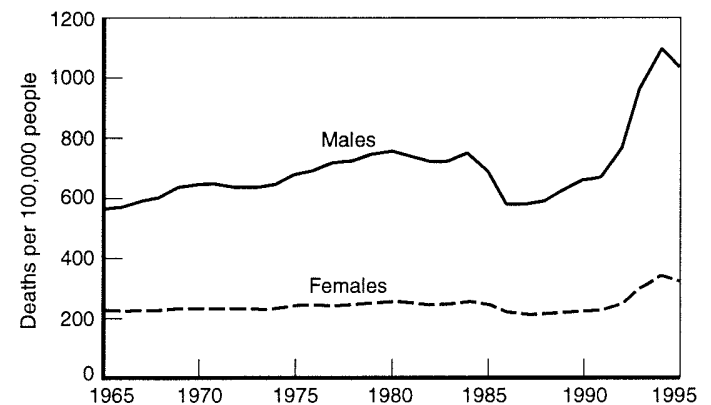
SOURCE: Institut National d'Études Démographiques, [http://schwyz.ined.fr/~blum/situation\\_Russie/pyramides/pyr\\_Russie\\_1995.jpg](http://schwyz.ined.fr/~blum/situation_Russie/pyramides/pyr_Russie_1995.jpg).

Figure 3—Population Pyramid: Composition of Total Russian Population in 1995, by Age and Gender

the population was relatively young, and many women were of childbearing age. Beginning in the 1990s, however, this is no longer the case. The age structure is now such that it will promote a population decrease rather than an increase. Continued low fertility will only accelerate this effect.

### THE EPIDEMIOLOGICAL SITUATION: DETERIORATING RUSSIAN HEALTH

Perhaps the only genuine crisis aspect of current Russian demographic trends appears in increased rates of mortality, which have been especially dramatic among working-age men. In 1992, there was a sharp increase in deaths from nonnatural causes. By 1994, mortality rates for males between ages 15 and 64 were about twice as high as they had been in 1986 (Figure 4). Rising alco-



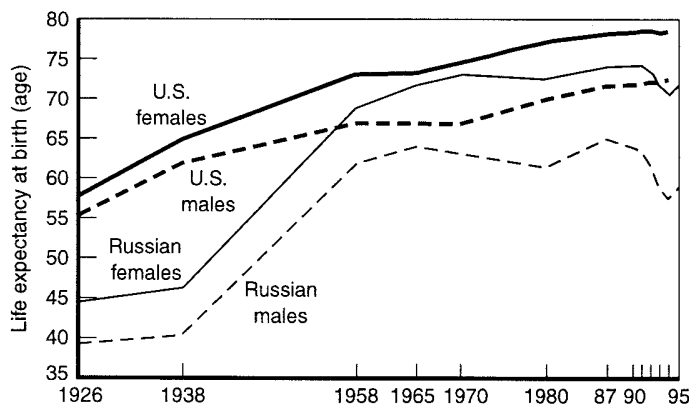
SOURCE: Data provided by Vladimir M. Shkolnikov. Mortality rates are age-standardized using the "old" WHO European population standard.

Figure 4—Russian Mortality Rates, Ages 15–64, 1965–1995

holism and related conditions have figured prominently in this trend. In the mid-1980s, an anti-alcohol campaign championed by Mikhail Gorbachev was responsible for a brief reversal in the mortality trend, but the increase resumed after the campaign was abandoned in the late 1980s.

Growing alcohol consumption is not the only explanation of increased mortality. Deaths from violence, injuries, and other nonnatural causes have contributed heavily to the latest rise. Russia's rates of homicide and suicide are among the highest in the world. In addition, deaths from illness and chronic and degenerative diseases, such as cancer, respiratory failure, and circulatory and cardiovascular diseases, have increased sharply. It is interesting to note that environmental problems, generally given a large share of blame for Russia's health woes, are in fact not among the main culprits. Environmental problems cannot explain the increases in accidents, homicides, and suicides or the much greater increases in mortality for working-age males compared with other population subgroups.

Mirroring the increase in mortality rates, life expectancy in Russia has dropped. However, like the fertility trend, the current pattern is not new. In the mid-1960s, after decades of increase, life expectancy began to decline. This trend was reversed briefly in the mid-1980s due, many believe, to the success of the anti-alcohol campaign between 1985 and 1987. However, by 1993, life expectancy fell again. Russia now has the lowest life expectancy for males in a developed country (58 years) and the largest disparity in the world between male and female life expectancy (13.5 years; see Figure 5).



SOURCE: Most of the data shown are from Shkolnikov and Meslé, "The Russian Epidemiological Crisis as Mirrored by Mortality Trends," in DaVanzo (1996), p. 116. Russian data for 1994 and 1995 are from Institut National d'Études Démographiques, [http://schwyz.ined.fr/~blum/situation\\_Russie/Conjoncture/1996.htm](http://schwyz.ined.fr/~blum/situation_Russie/Conjoncture/1996.htm). U.S. data for 1993 and 1994 are from U.S. National Center on Health Statistics. U.S. data are not yet available for 1995.

Figure 5—Temporal Changes in Life Expectancy at Birth for Russians and Americans, by Gender, 1926–1994/95

## THE FAILING HEALTH-CARE SYSTEM

The increase in deaths from preventable causes points to problems in Russia's health-care system. Again, these problems are not a recent phenomenon. They have accumulated over many years. One characteristic of the Soviet period was a lack of incentives to improve medical services. When changes in the health of the population occurred—such as a decrease of infectious disease and a rise in "civilized" ills, such as alcoholism, smoking, traffic accidents, and pollution, in the mid-1960s—the health-care system failed to adapt appropriately. Excessive reliance on ideology led to ineffectual goals and an emphasis on activities that addressed neither the medical problems at hand, the level of national development, existing medical capabilities, nor public demand. In the 1980s, the system finally made attempts to cope with the changing health environment, but the strategy was poorly implemented and lacked necessary investments in facilities and equipment.

Although these problems were not created by the current socioeconomic crisis, they have been aggravated by the breakdown of the old social system. In the Soviet era, virtually all health care was provided free by the state, whose system emphasized the quantity of medical personnel and facilities, overlooking the quality of services, and pursued goals set on the basis of political ambitions rather than on objective medical needs and economic capabilities.

As the command economy crumbled, the public-health sector plunged into a financial crisis. The system found itself in an emerging market environment without the capacity to function successfully in it. Left without proper funding, health-care facilities were forced to abandon new construction, renovation, and other basic investments. Cost cutting necessitated switching to cheaper technologies, which proved insufficient to maintain needed levels of care. Available funds were frequently diverted to current needs. As a result, the health status of the Russian population is deteriorating, and diseases long thought to be eliminated or controlled—such as diphtheria—are now spreading again.

Reviving an effective health-care system in its current form presents a near-impossible task. Many important medical research centers, especially at the federal level, have been left without proper financial support. Progress in all spheres of health care is under great stress. Faced with this situation, the Russian government has attempted to reform the health-care sector through privatization, marketing services in state-owned facilities, and promoting the private medical sector. One of the main goals of reform is to establish compulsory health insurance financed through taxes and operated by both the state and

the private sector. However, the reform has yet to produce noticeable results. Russians are used to receiving free health care and many are unwilling and frequently unable to pay for health services.

In addition, serious health-care problems exist that extra spending alone will not address. There are no clearly defined federal and local health-protection policies, no effective programs for monitoring outcomes, and no openly declared systems of control and delegation of responsibilities for state and public health institutions. Moreover, the incidence of destructive behaviors, such as violence and alcohol consumption, has increased. Heavy tobacco use contributes to a high rate of mortality from lung cancer, which occurs 60 percent more frequently in Russia than in the United States. Without attention to these problems, additional funding for health care per se is likely to have little effect.

### **LOOKING TOWARD THE FUTURE: POLICY OUTLOOK**

The current economic crisis significantly limits the Russian government's ability to deal with demographic trends through policy intervention. In particular, the problems of the elderly will be difficult to manage. The retired population is growing, while the financial resources the state devotes to the elderly dwindle. With the declining real value of pensions and the rising costs of health care, the elderly are among the most economically disadvantaged and vulnerable social groups in Russia. The problems that appear most amenable to policy intervention are those related to the health-care system. Thoroughly crafted health-care reform components are essential; an ill-designed benefit package, hasty decentralization, and overreliance on the private sector will only aggravate the situation. At the same time, promoting

healthier lifestyles among Russians—reduced smoking and alcohol consumption, better diets—could improve health substantially.

Knowledge about Russia's demographics should help dispel the popular notion of a demographic crisis. The continuation of several long-term patterns, such as declining fertility and historically high mortality, accounts for many of the current trends. While it is undoubtedly true that economic conditions have aggravated current problems, there is no strong evidence linking these problems with recent economic and political reforms. Some of the most dramatic changes appear to be compensatory effects following the abandonment of previous policies: for example, the retreat from pronatalist and anti-alcohol initiatives of the 1980s. In fact, it has been suggested that whatever crisis features are present in Russia's current situation might be attributable to a delay in reforms—for example, delay in reforming the health-care system. This delay hampers the adaptation of social institutions to the new realities of economic and family behavior in Russia. Furthermore, the most recent data suggest that the mortality and life-expectancy situation has begun to improve.

The new demographic realities in Russia are not fundamentally different from those facing most industrial nations—a decreasing population, aging, shifts in family composition. Since it is impossible for Russia to avoid these changes, the challenge lies in addressing them effectively. Toward that end, a great deal of further research is required to disentangle the effects of earlier policies, current reforms, and other factors in explaining Russia's demographic patterns. Although they may not add up to a crisis, these trends will continue to pose difficult challenges for those deciding the direction of Russian policy.

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*This issue paper is synthesized from research first published in Julie DaVanzo, ed., Russia's Demographic "Crisis," Santa Monica, Calif.: RAND, CF-124-CRES, 1996; available on the World Wide Web at <http://www.rand.org/publications/CF/CF-124>. The report includes papers presented by Russian demographers at a conference held at RAND in June 1995 that was sponsored jointly by the RAND Center for Russian and Eurasian Studies; the Center for Demography and Human Ecology, Institute of Economic Forecasting, Russian Academy of Sciences; and the RAND Center for the Study of the Family in Economic Development. Additional data used in preparation of the figures were drawn from the U.S. National Center on Health Statistics and the Institut National d'Études Démographiques.*

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1700 Main Street, P.O. Box 2138, Santa Monica, California 90407-2138 • Telephone 310-393-0411 • FAX 310-393-4818  
2100 M St., N.W., Washington, D.C. 20037-1270 • Telephone 202-296-5000 • FAX 202-296-7960