

Russia: A comment on demographic issues and a forbidding forecast

by Murray Feshbach

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The London *Economist* of July 31, 1999 has a special insert entitled “A Survey of the New Geopolitics: The Road to 2050.” So, let us focus on Russia in 2050, its population, and the implications not only for geopolitics, but also for its economy, society, military, and even geopolitics, but only in passing. I leave it to others in the meantime to draw their conclusions; I have mine.

If demography is said to be destiny, the destiny of Russia for the next 50 years or more is appalling, not only because of numbers, but also because of the health of women in their reproductive years (let alone the aged), and of the newborn (of which more later), and the improbabilities of major improvements in total fertility rates and mortality patterns.

With no apology, the following is highly numerical; the policy implications, however, are very clear.

If we look at the past, present, and future, the growth of the Russian population is negatively affected by the trend of excess of deaths over births, with immigration not only declining from the “near abroad,” but becoming insufficient to make up for the natural decrease (emigration is now doubling among Jews, who are leaving due to the economy, general stress among the population, and anti-Semitism manifesting itself more and more).

The current official report is that the number of births in the first five months of 1999 is much less than in the same period in 1998 (507,300 versus 531,100, respectively), the number of deaths is much more than in the same period of 1998 (903,000 versus 844,400, respectively), and net immigration is much less as well (53,300 versus 129,300, respectively). Thus, the net population growth in 1999 for the first five months is 507,300 births, minus 903,000 deaths, plus 53,300 net immigration, which equals -342,400 persons (not -346,700, as reported in *Rossiyskaya Gazeta* of July 31, 1999).

Keeping these data in mind, if one uses the total fertility rate (TFR) to project population trends, usually the medium-variant scenario assumes that mortality will neither worsen nor improve—although in the case of Russia, assuming that it will improve is to me somewhat of a heroic assumption. (Some Russian demographers, such as Vishnevskiy and Shkolnikov, are much more optimistic than I am about im-

provement in the mortality rates. Andreyev of Goskomstat is not; I agree with him.)

Using the various levels of the TFR projection for West Germany prepared by the Population Reference Bureau (PRB) in Washington in 1982 as a model (**Figure 1**), Russia was analyzed based on three alternative assumptions: first, a dramatic increase in the number of births per woman in the period 2007-27; second, an improvement to simple reproduction, of 2.1 children per woman in the same projected period; and third, the rate remains constant at 1.3 children for women during their reproductive years.

Russia's TFR unlikely to rise

Nothing sufficient to raise the Russian TFR to 2.5 in the future can be anticipated, but even with a 2.5 TFR, using the PRB's chart as a model, Russia's population would recover to current numbers only by 2102 or so—50 years after the point we are concerned with here. However, Russia likely will not even return to 2.1, the level for simple reproduction of the population; and with reproductive health of women so poor (75% of women have a serious pathology during their pregnancy), Russia might not even hold at 1.3 (with other reasons for a reduced TFR including: stress; the choice to have no, or very few children; forced migration; poverty of a large portion of the population, since malnutrition of young women can affect their ability to have children, or healthy children; dramatic increases in sexually transmitted diseases and their impacts on reproductive potential; tuberculosis spreading throughout the population; dramatic increases in anemia among pregnant women; fetal losses due to spontaneous abortions; and on and on).

It is not only the reproductive health of women which is driving down the birth rate, but also the health of males, which accounts for some 15-20% of infertile couples. But also, there is the incredible increase in sexually transmitted diseases, which, for example, has led to a 30- to 40-fold increase of registered syphilis among girls 14 years old or younger, most of which is due to increases in prostitution (including a small number of congenital syphilis cases). This is also related to the dramatic increase in drug abuse among both males and females, especially the younger portion of the population, and which is the principal means of transmission of new cases of HIV/AIDS—reportedly 80% of new cases of HIV—with drug abuse increasing about fourfold in the last five years

(again, officially registered statistics). Because of a new law passed early in 1998, it is likely that the real number is much higher, since those found abusing drugs may find themselves in jail, not in a medical institution. The prevalence of drug abuse and illness has been found to be more likely (with military conscriptees, for example, presenting with 11 times more syphilis than eight years before).

The number of HIV/AIDS cases, Pokrovskiy estimates, will increase to up to 1 million cases by 2002, and, in a worst-case scenario, could reach 2 million; deaths will occur five or so years later. The number of people infected with tuberculosis, including multi-drug-resistant strains, will also rise: The TB-infected are projected by a former Minister of Health to number some 1 million by the end of 2000 (I estimate that that number will likely be reached a few years later). But all three numbers are subject to the usual caveat of official vs. real numbers. The official number in Russia for TB was 108,000 in 1998; the World Health Organization (WHO) showed 150,000, and I would expect that this estimate is low as well.

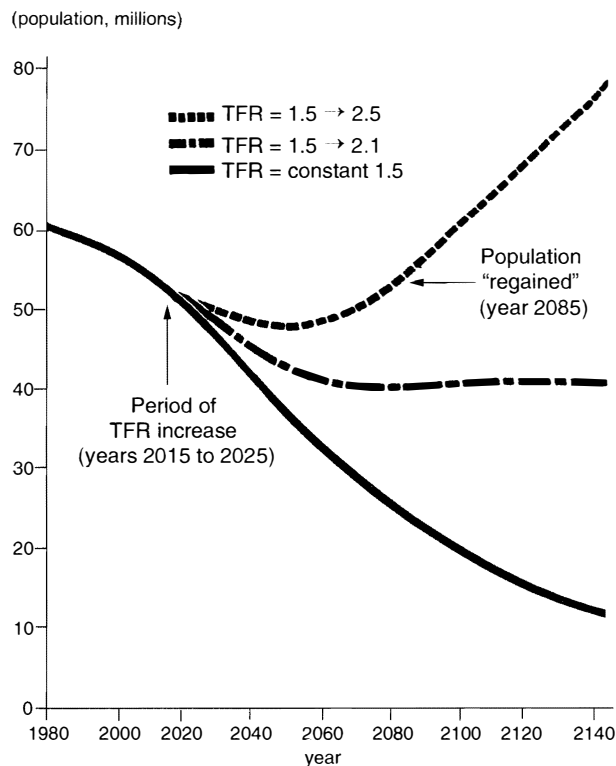
Pokrovskiy says that the recorded 11-fold increase of HIV/AIDS in Moscow City and Moscow Oblast in the first half of 1999, compared with the same period in 1998, is much too low, and that the figures for HIV/AIDS are actually 8-10 times higher than that (at other times, he states that it is 20 times higher), making the 1 million figure for the country as a whole more plausible. Thus, people will be weakened, if they do not die, earlier than even before.

Why were cancer and heart disease mortality rates of the 15- to 19-year-old age group in 1995 in Russia both exactly double the rates (per 100,000 population) in the United States? The suicide rate in Russia is slightly more than double that in the United States for this age group. (See Yermakov, Komarov, Notzon et al., "Maternal and Child Health Statistics," U.S. Department of Health and Human Services, 1999, p. 48.) This is the group entering the armed forces, forming families, entering the labor force.

Alcoholism must not be omitted from any consideration of health and population trends in Russia. David Leon and his colleagues in London have found that the mortality rates correspond closely to the rise in alcohol consumption. I think that this will change in the near future, with the impending terrible impact of deaths from HIV/AIDS and TB. But when WHO stipulates that eight liters per capita consumption of alcohol per year is the upper limit before major health problems ensue, then what do we say when the Russian level is 14-15 liters per capita (of all ages, not just adults)? Vodka production in the first half of 1999 is reported by Itar-TASS (according to the RFE/RL Newsline, July 30, 1999) to have increased 65%, and that is just legal production!

Two-thirds of all Russian males and one-third of Russian women smoke tobacco. If some 55% of all deaths are due to heart disease, and cancers account for another 20%, and given the estimate by WHO that between 20% and 30% of both diseases is caused by smoking, then its reduction is vital. Of these deaths caused by smoking, 32% are among males, 5%

FIGURE 1
Projected West German population given varying total fertility rates



Source: Population Reference Bureau, *Intercom*, May/June 1982.

among females (WHO Fact Sheet No. 157, May 1997).

I am also very worried about the increases in birth defects, congenital anomalies, mental retardation, and the like: the quality of the population.

Thus, using the PRB illustration for West Germany made in 1982, and assuming that mortality stays constant (already a problem for Russia, because mortality is again increasing, after a dip of several years), and the birth rate increases in two scenarios, to 2.1, or to 2.5, during the entire 25-year period, 2002-27, the chart shows future population. (It should be noted that since 1960s, the TFR in the Russian Federation has never exceeded 2.194, which occurred in 1987.) But if the TFR declines to 1.3 and holds steady at that level, then in 2052, the population of West Germany would be about 55% of its 1982 level—a drop of 45%. Using this proportion for Russia, where the TFR has been dropping steadily, to 1.23 in 1997 (already below 1.3, and not likely to be any higher, for demographic and health reasons, assuming for the moment that economic stresses are not exacerbated), then the population of Russia will drop to 80 million persons, from its current level of 146 million ($146 \times 0.55 = 80.3$), by mid-century! This drop in population has major implications for the military, the labor force, and for family stability in Russia.