

USSR Letter

Doctors and the Russian birth rate

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Before 1918 the Russian people's imperial role had been evident in the nomenclature of that vast expanse of territory that was subject to the Tsars and their governments. After the 1917 revolution, ideological imperatives made impossible any explicit recognition of an ethnic hegemony, and the union republics, based largely on national homelands, acquired the constitutional form of sovereign states.

It is hardly fanciful, however, to maintain that, in reality, the Union of Soviet Socialist Republics constitutes an empire maintained by the exercise of Russian power mediated through the Communist party apparatus. If that premise is granted, it serves to bring into sharper focus an issue that is currently giving rise to concern among the Soviet leadership. As the ability to fulfil an imperial "mission" is determined partly by demographic considerations, long term changes in the relative size of the union's nationalities have geopolitical implications that are potentially enormous.

Issue defined

At present, it should be made clear, the Russians have an absolute superiority over the rest of the union's population combined. At the 1979 census, out of a total population of 262 085 000, 137 397 000 (52.9%) declared their ethnic origin as "Russian." That definition, incidentally, excludes other culturally and linguistically similar Slav nations: White Russians, who live mainly in Belorussia, and Little Russians, who are now better known as Ukrainians.

A snapshot of the position at one point in time holds far less importance than the dynamics of birth rates, death rates, and the excess of births over deaths (natural increase). As is fairly well known, both in the Soviet Union and outside it, birth rates in the 15 union republics vary strikingly. Thus in 1981 a figure of 14.0 births per 1000 population was recorded for Latvia, 14.6 for the Ukraine, 16.0 for the Russian Soviet Federal Socialist Republic, but 34.3 in Turkmenistan, 34.9 in Uzbekistan, and 38.3 in Tadzhikistan. Although these data relate to administrative-territorial areas, they may be regarded as an acceptable substitute for rates specific to the predominant nation in each. At the 1979 census, it is relevant to note, ethnic Russians accounted for 82.6% of the population of the Russian Soviet Federal Socialist Republic.

Evidence of differential fertility is not confined to the immediate past. In 1960 the range ran from 16.6 in Estonia to 42.6 in Azerbaidzhan, while in 1970 it ran from 14.5 in Latvia to 35.2 in Turkmenistan (table). The birth rate in the Russian

Soviet Federal Socialist Republic stood at 23.2 and 14.6 respectively in those two years. Despite the general decline in fertility since 1960, an increase in the birth rate was recorded for the Tazhik republic of central Asia.

In theory, at least, the impact of a differential birth rate could be nullified by differences in the republics' death rates. The table shows, however, that over at least 20 years pronounced variations have occurred in the rates of natural increase. The basic consequence of the persisting trends is that ethnic groups in areas with Muslim traditions form an ever growing proportion of the Soviet population.

Encouraging births

Given this gradual demographic transformation, it can be no surprise that the party leadership eventually identified a need to promote strongly pronatalist policies. At the 26th congress of the Communist party of the Soviet Union, which took place in 1981, the following objectives were spelt out:

"To carry out an effective demographic strategy, to promote the strengthening of the family as the most important cell of a socialist society, and to promote the establishment of better conditions for combining motherhood with women's active participation in occupational and public work."

During the same year specific policy measures were announced that related mainly to maternity leave and various cash benefits payable to mothers with dependent children. (Although the improvements in question were to be phased in on a geographically selective basis, they now apply throughout the union.) Up to the time of writing, health service agencies have not been mobilised in a "hearts and minds" campaign to increase the birth rate in Russia. But as the party's influence penetrates health care cadres no less than other occupational groups, it could be predicted that some action along those lines would occur, if only on a limited and local basis. The validity of that view was shown recently by the publication of an article that reported a project carried out in Moscow by the health ministry's all-union scientific research centre for the protection of the health of mothers and children.¹

Programme of surveillance

Starting well before the call for an "effective demographic strategy," the project entailed special medical supervision and antenatal care for 200 young couples over a five year period of married life. Participants were distinguished by the following characteristics: (a) their age at marriage was under 30; (b) both partners had married for the first time; (c) the duration of their marriage was not less than five years; (d) they were continuously resident in Moscow; and (e) their marriages were registered in a single calendar year. The research team also selected a control group of 500 couples using identical demographic criteria.

Population changes by Union republic expressed per 1000 population

	1960			1970			1981		
	Birth rate	Death rate	Natural increase	Birth rate	Death rate	Natural increase	Birth rate	Death rate	Natural increase
Soviet Union	24.9	7.1	17.8	17.4	8.2	9.2	18.5	10.2	8.3
Russian Soviet Federal Socialist Republic	23.2	7.4	15.8	14.6	8.7	5.9	16.0	10.9	5.1
Ukraine	20.5	6.9	13.6	15.2	8.8	6.4	14.6	11.3	3.3
Belorussia	24.4	6.6	17.8	16.2	7.6	8.6	16.3	9.6	6.7
Uzbekistan	39.8	6.0	33.8	33.6	5.5	28.1	34.9	7.2	27.7
Kazakhstan	37.2	6.6	30.6	23.4	6.0	17.4	24.3	8.0	16.3
Georgia	24.7	6.5	18.2	19.2	7.3	11.9	18.2	8.6	9.6
Azerbaijan	42.6	6.7	35.9	29.2	6.7	22.5	26.3	6.9	19.4
Lithuania	22.5	7.8	14.7	17.6	8.9	8.7	15.1	10.3	4.8
Moldavia	29.3	6.4	22.9	19.4	7.4	12.0	20.5	10.3	10.2
Latvia	16.7	10.0	6.7	14.5	11.2	3.3	14.0	12.6	1.4
Kirghizia	36.9	6.1	30.8	30.5	7.4	23.1	30.8	8.0	22.8
Tadzhikistan	33.5	5.1	28.4	34.8	6.4	28.4	38.3	7.8	30.5
Armenia	40.1	6.8	33.3	22.1	5.1	17.0	23.4	5.3	18.1
Turkmenistan	42.4	6.5	35.9	35.2	6.6	28.6	34.3	8.5	25.8
Estonia	16.6	10.5	6.1	15.8	11.1	4.7	15.4	12.3	3.1

Source: *Narodnoe Khozyaistvo SSSR 1922-1982*, p 29.

Almost certainly, the medical staff concerned consisted of obstetrician-gynaecologists and not "uchastok" therapists, the Soviet Union's vestigial family doctors. Anyway, their initial contact with the couples took place at register offices some time before the wedding ceremony so that they could discuss "questions of marriage hygiene." During the first months of wedlock couples answered a questionnaire, and wives had a detailed clinical examination that was succeeded by a continuing programme of checks carried out in policlinics. Newlyweds who had no wish to start a family received advice on the choice of contraceptive method. From the beginning of pregnancy a programme of antenatal care operated on the basis of "methodological recommendations" that presumably embodied what is currently the health ministry's received wisdom in this regard.

Qualified success

In commenting on this project's effectiveness, reference may be made first to the "outcome" as measured by the number of pregnancies. During the five years of marriage 95% of the wives became pregnant. Infertility was diagnosed in the remainder of the group, a diagnosis that was subsequently confirmed by investigations. As for the distribution of pregnancies, 64% of wives had only one, 18.5% had two, and 12.5% had three or more. More than half the pregnancies occurred during the first two years of marriage, a point that leads on to the finding that in both the experimental and the control group an inverse correlation existed between duration of marriage and number of pregnancies.

As for the health of wives, the article provides comparatively little information. But it reports that in the first year of wedlock the "in effect healthy" accounted for 84.1% of those aged under 20, 78.9% of the 20 to 24 age group, and 68.4% of the 25 to 29 age group. After five years the figures had declined to 80.3%, 69.7%, and 42.6% respectively—that is, most markedly among the oldest group. On health during pregnancy specifically, the author merely states that the incidence of toxicoses and prolonged pregnancy was 1.5% lower than among the control group, as also was the incidence of gynaecological diseases. That differential is ascribed to early diagnosis in the experimental group of cervical erosion and chronic inflammatory diseases of the reproductive organs.

Fairly obviously, the most crucial test of the project was its effectiveness in ensuring that pregnancies ran to full term. Given the sensitivity of this topic, it is not surprising that the

author adopts an oblique and imprecise mode of expression: she states merely that among the experimental group the incidence of abortions was half that among the control group. One factor singled out as the reason for such success was personalised advice on family planning. After the initial medical examination methods of contraception were discussed with the couples and choice of method took account of "the condition of the woman's reproductive function, the period of time over which a family was planned, and the wishes of the woman."

The project may well have aimed to avert all abortions but more particularly those in respect of first pregnancies. On the author's admission, however, it failed to achieve that. The explanations given for termination of first and subsequent pregnancies were "incorrect use of contraceptive devices in the absence of a desire for children, and a range of social factors including alterations in family relationships, the work situation, and studies." Using the percentages given three paragraphs earlier, it can be calculated that the minimum number of pregnancies must have been 277; that figure substantially exceeds the total number of recorded births of 186. So as a consequence of abortions and other factors, such as miscarriages, at least 91 (33%) of pregnancies failed to result in live births.

Conclusion

After five years of wedlock as many as 67% of the couples with offspring had only one child each, while a further 18% had two each. While additional births may still occur in some families, there is clearly little chance of achieving the ratio of 300 children to every 100 married couples that has been advocated by at least one leading demographer. The existence of such a gulf between people's observed behaviour and the recommendations of experts may not be unconnected with the author's total silence about the young couples' attitudes towards the project and their relationships with the clinicians. It would be most interesting to know whether the couples concerned would concur in the view expressed (in a different context) by Walter Bagehot: "We look on state action, not as our own action but as alien action; as an imposed tyranny from without."

Reference

- Chushkova IS. Nekotore rezultati dinamicheskovo meditsinskovo nablyudeniya za molodoi semei. *Zdravoohranenie Rossiskoi Federatsii* 1983;11:27-9.