

Privatisation and mortality in Russia



In studies of massive changes in social life, researchers often have to rely on low-quality retrospective data such as memoirs and manipulated government reports as opposed to reliable data such as vital registration. The dissolution of the Soviet Union in 1991 was an unpredictable event with large-scale consequences for the lives of millions of Russians. Beginning in the 1960s, the Soviet Union started to fall into a deep demographic crisis.¹ The end of Communism was accompanied by a further increase in total mortality, with unprecedented fluctuations during the next two decades. Several studies were done in a bid to explain this.²

A point of focus in these studies was the effect on Russian health of the move from a Communist state to a free market economy. This subject was previously studied in a cross-national study of mortality and mass privatisation by David Stuckler and colleagues, in which the investigators concluded that “rapid mass privatisation” was a potential cause of increased mortality in men.³ The debate that followed the publication of this study³ was very informative. In *The Lancet Public Health*, Aytalina Azarova and colleagues address the same question, but from a different angle.⁴

In the present study, researchers selected a set of mono-industrial towns in Russia and estimated mortality by surveying surviving relatives of individuals who lived through the post-communist transition. The reason for including mono-industrial towns was that these towns were likely to have been the most affected by the post-Soviet economic transformation having been the locations of weapon production during Communism. The researchers matched fast-privatised towns with slow-privatised towns and reported that working-age male mortality rates were 1.13 times higher in towns that experienced fast privatisation versus those in which privatisation was slow (95% CI 1.01–1.26). It should be noted that this finding was statistically significant after multiple adjustments.

Although the study is not representative of the entire Russian population (providing significant findings for working-age men only), it adds evidence to the argument that mass privatisation is associated with increased mortality. It is important to note that confidence intervals are wide, and the association was not observed in women. Moreover, the interpretation

of privatisation as being causally connected to increased mortality is too simplistic. In Russia, where population mobility during Communism was low, the post-Soviet transition affected work, source of income, place and style of living on a major scale. Some of the changes were positive, like disappearance of the overwhelming deficits, including food, clothing, and everyday goods. Others were probably negative in their effects on health, like mass involvement of people in shuttle trading.⁵ The migration of young, healthy individuals and their families from the fast-transformed cities might have played a part in the difference recorded in working-age male mortality between towns. As suggested by Azarova and colleagues, future investigations should look into the migrant differentials at settlement level.

Another important point to consider is how the privatisation was imposed on the different towns. For example, privatisation of some enterprises began later, because at first it was banned—a cause of slower privatisation. The mono-industrial towns where these enterprises were located longer enjoyed a privileged position of such towns, which affected the living conditions in these towns even after privatisation—a cause of lower mortality. Thus, the connection between privatisation and mortality might be confounded by the preservation of the central supply of goods and so on.

The real problem with interpretation of these results lies beyond the data used in this study. Azarova and colleagues accept as proven the increase in mortality in the 1990s. Such position is often seen in politically charged reports. However, this interpretation is contested by many demographers^{1,6} who posit that the largest spike of the post-Soviet mortality was the result of delayed mortality during earlier years (1985–90), and that since 1994, the general trend has been towards higher life expectancy. These arguments should be taken into account to avoid overemphasising the role of privatisation in Russian mortality.

For us, studying the harms associated with the post-Soviet transition is coloured by our experience of life under Communism. Mortality in Russia during the Soviet period was much higher than in the West, and this was one of the state secrets.¹ The end of Communism and the transition to a market economy was never going to be painless. The post-Soviet transition that Russia

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is still going through is not a smooth transition; it has been accompanied by enormous scale drama and crime. The association of mortality with a specific aspect of the transition—as studied by Stuckler and colleagues³—is a methodological advance and a success, but it is only part of a much bigger picture.

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We declare no competing interests.

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